



**Northern Lakes  
Community Mental  
Health Authority**

**Board of Directors  
Packet**

**July 21, 2022**



Administrative Office, 105 Hall Street, Suite A,  
Traverse City, MI 49684

## BOARD AGENDA

The Northern Lakes Community Mental Health Authority Board will meet on July 21, 2022 at 2:15 p.m. Kirtland Community College, Community Room A, 4800 West 4 Mile Rd, Grayling, MI and Virtual Meeting Dial 1-810-258-9588 Conference ID 620 866 304#

<u>TIME</u>	<u>ID #</u>	<u>ITEMS</u>	<u>POLICY #</u>
2:15 p.m.		<b>Roll Call</b> <b>Pledge of Allegiance</b> <b>Appoint Timekeeper</b> <b>Confirmation of Quorum</b> <b>Consideration of Agenda</b> <b>Conflict of Interest Declaration</b>	
2:20 p.m.		<b>Consent Agenda - Board</b> Consideration of Board Consent Agenda* 1 Board of Directors Minutes – June 16, 2022 – <i>Approve</i> 2 Committee of the Whole Minutes – June 16, 2022 – <i>Approve</i> 3 Financial Statements – <i>Receive and File</i> 4 Contract Summary – June 2022 – <i>Approve</i>	
2:30 p.m.		<b>Ownership Linkage</b> A. Citizen Comment (May be limited to three minutes by Board Chairperson)  B. Ownership Communication i. Special Meeting regarding Grand Traverse County BOC meeting 7/12/22*. 2.8.8, 2.8.3	1.1, 3.1
2:40 p.m.	5	<b>Chief Executive Officer’s Report</b>	
2:50 p.m.	6	<b>ORR Director’s Report</b>	3.7
2:55 p.m.	7	<b>Northern Michigan Regional Entity Report</b> NMRE Minutes NMRE Board Vacancy, replacing Justin Reed	3.4
3:05 p.m.		<b>Assurance of Organizational Performance</b> A. Receipt of CEO Monitoring Reports CEO Response to Monitoring Reports 8       2.7 Continuity of Executive Functions (Internal Inspection) * B. New Operational Worries C. July Monitoring Assignment 9 2.4 Financial Management (Internal Inspection)	3.0, 3.2
3:15 p.m.		<b>Board Means Self-Assessment</b> A. Receipt of Board Monitoring Report CEO Response to Monitoring Report	3.2, 4.2

- 10 4.3 Delegation of Mgt Powers to the CEO (Direct Inspection)\*  
July Monitoring Assignment
- 11 4.1 Unity of Control (Direct Inspection)

- 3:25 p.m.      **Governance Policies Discussion and Assessment**      3.1
- A. Ends
- B. Executive Limitations
- Limit or amend the authority of the CEO
  - Policy 3.2.5, 3.2.8 address executive staff change
  - Board to have a say in the management of executive staff
- C. Governance Process/Ownership Linkage      3.4
- 12      a. NLD Minutes – July 6, 2022 - *Review and Approve*\*
- b. Compliance with policy 3.3.1
  - c. Email communication between Board Members
  - d. Ad Hoc Governance Committee
  - e. Develop Ad Hoc Finance Committee
    - Develop monitoring of actual budget results as the fiscal year progresses and make recommendations to the Board for a standing committee
    - Establish amendment to governance policy for standing policy committee      3.7
    - Establish amendment to By-laws to allow for a standing Finance Committee  - f. COVID Remote – ADA exceptions for remote attendance
  - g. Develop Ad Hoc Governance Policy Committee
    - Establish a standing Policy Committee 3.7
    - Write amendment to coincide with By-laws and current Board Policy
    - Email Policy
    - COVID Policy
- D. Board/CEO Linkage
- a. Board Website Link\*
    - Clarification – Should CEO have access to Board email link  - b. CEO Contract proposed start date 7/23/2022
  - c. Vote to rescind CEO Offer\*

- 3:48 p.m.      **Ownership Linkage**      1.1, 3.1
- A. Citizen Comment  
(May be limited to three minutes by Board Chairperson)

3:50 p.m.      **Announcements/Board Members Reports/Board Association  
Annual Public Hearing – July 25, 2022 held virtually and in  
our four offices**

**Link to the Annual Public Hearing**  
<https://www.northernlakescmh.org/news-room/annual-public-hearing-july-25/>

3:52 p.m.      **August 18, 2022 Agenda Planning – Suttons Bay Governmental Center**

3:55 p.m.      **Meeting Evaluation/Comments/Adjournment**

**NOTICE: If any person with a disability needs accommodations, please call the CEO's Office three days prior to the posted meeting date.**

**NEXT MEETING: August 18, 2022**

\* Action Items, \*\* Action from Committee of the Whole, \*\*\* Action Other

**Northern Lakes Community Mental Health Authority  
Board of Directors Annotated Agenda  
July 21, 2022**

**2:15 p.m. Call to Order and Start Up**

Please note that Consideration of the Agenda has been moved to this section of the agenda and that each meeting Board Members may declare any new conflict of interest.

**2:20 p.m. Consent Agenda**

Board Members can request any item be removed to allow for discussion as part of the board agenda.

**2:30 p.m. Ownership Linkage**

**Definition - Connecting the authority and accountability to the owners.**

As shown, this includes Citizen Comments (May be limited to three minutes by the Board Chairperson), and allows time for planned Ownership Communication with other community agencies or individuals. Special Meeting regarding Grand Traverse County BOC meeting 7/12/22. 2.8.8, 2.8.3

**2:40 p.m. Chief Executive Officer's Report**

The Interim CEO Report will be reviewed with the Board.

**2:50 p.m. ORR Report**

**2:55 p.m. Northern Michigan Regional Entity Report**

The NMRE Board meeting minutes will be shared if available. NMRE Board vacancy replacing Justin Reed.

**3:05 p.m. Assurance of Organizational Performance**

**Definition – Monitoring of how NLCMHA is complying with policy.**

There are three components. 1. Receipt of CEO Monitoring Report – 2.7 Continuity of Executive Functions (Internal Inspection). 2. New Operational Worries – This allows time for Board Members to raise and discuss any new concerns they have that are not on the agenda and may be worries that would be added to a future agenda. 3. July 2022 Monitoring Assignment – 2.4 Financial Management (Internal Inspection). Please complete in advance and submit to the Chairperson.

**3:15 p.m. Board Means Self-Assessment**

**Definition – Review of policies that the Board is responsible for.**

There are two components. 1. Receipt of Board Monitoring Report – 4.3 Delegation of Mgt Powers to the CEO (Direct Inspection). 2. July 2022 Monitoring Assignment – 4.1 Unity of Control (Direct Inspection).

**3:25 p.m. Governance Policies Discussion and Assessment**

**Definition – The Board's definition of, and rules, for its own job.**

We have placed in bulleted format the four monthly standing policy topics by Policy Governance title. Board Members are encouraged to bring items they would like discussed.

- Ends
- Executive Limitations
  - Limit or amend the authority of the CEO
  - Policy 3.2.5, 3.2.8 address executive staff change
  - Board to have a say in the management of executive staff

- Governance Process/Ownership Linkage
  - a. NLD Minutes – July 6, 2022 – *Review and Approve*
  - b. Compliance with policy 3.3.1
  - c. Email communication between Board Members
  - d. Ad Hoc Governance Committee
  - e. Develop Ad Hoc Finance Committee
    - Develop monitoring of actual budget results as the fiscal year progresses and make recommendations to the Board for a standing committee; establish amendment to governance policy for standing 3.7 policy committee; establish amendment to By-laws to allow for a standing Finance Committee
  - f. COVID Remote – ADA Exceptions for remote attendance
  - g. Develop Ad Hoc Governance Policy Committee
    - Establish a standing Policy Committee 3.7; write amendment to coincide with By-laws and current Board Policy; email Policy; COVID Policy

Board/CEO Linkage

- a. Board Website Link
  - Clarification – should CEO have access to the Board email link
- b. CEO Contract proposed start date 7/23/2022
- c. Vote to rescind CEO Offer

**3:48 p.m.                    Ownership Linkage**

**Definition - Connecting the authority and accountability to the owners.**

This is the second opportunity for Citizen Comment. (May be limited to three minutes by the Board Chairperson) **Annual Public Hearing – July 25, 2022 held virtually and in our four offices.**

**3:50 p.m.                    Announcements/Board Member Reports/Board Association**

This is an opportunity for Board Members to report on Board visitations, committee meetings, conferences, meetings attended, events or other specific areas of mental health related interest.

**3:52 p.m.                    August 18, 2022 Agenda Planning**

Board Members will discuss topics to include on next month's board meeting agenda.

**3:55 p.m.                    Meeting Evaluation/Comments/Adjournment**

Time is scheduled to allow Board Members to evaluate the meeting using the meeting evaluation form.

**NEXT MEETING – August 18, 2022**



Administrative Office, 105 Hall Street, Suite A, Traverse City, MI 49684

## Board of Directors Meeting Minutes

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June 16, 2022

2:15 p.m.

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Northern Lakes Community Mental Health Authority, 527 Cobb Street, Cadillac, MI and Microsoft Teams Meeting (Virtual) Called to order at 3:50 pm

Board Members Present: Penny Morris, Ben Townsend, Rose Denny, Barb Selesky, Pam Babcock, Sherry Powers, Ty Wessell, Al Cambridge, Greg McMorrow, Dan Dekorse, Lynn Pope, Tony Lentych, Justin Reed

Board Members Virtual – Mary Marois (advance notice), Nicole Miller (advance notice) and Angie Griffis (advance notice)

Others Present: Cadillac – Joanie Blamer, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Heather Sleight, Administrative Specialist; Deb Lavender, Executive Secretary; Stacy Maiville, Executive Secretary; Dan Mauk, Chief Information Officer; Jeremiah Williams, Information Technology Supervisor

Virtual – Deb Freed; Ann Ketchum, Programmer Analyst II; Alyssa Hansen, Human Resources Supervisor; Dean Baldwin, Network Administrator; Aimee Horton Johnson, Office Administrator; Kari Barker, Quality and Compliance Director; Kristin McLeod, Human Resources Specialist; Lisa Jones, Recipient Rights Advisor; Michelle Michalski, Human Resources Specialist; James Galleng; Jessica Williams, Performance Improvement Specialist; Michelle Dosch, Compliance Secretary; Darryl Washington, Director of Long-Term Care and Support Services; Kasie Morse, Customer Service Provider; Kelly Hoag, Administrative Specialist; Jan Pytlowany, Customer Service Provider; Aaron Fader, Human Resources Specialist; Jessica Whetstone, Jail Diversion Clinical Specialist; Trapper Merz, Business Intelligence Specialist; Patti Burgess; Ian Pegan-Naylor, Recipient Rights Advisor; Melissa Trout; Child & Family Manager; Brie Molaison, Customer Service Specialist; Brittany Moen, Recipient Rights Advisor; Jen Michaels; 1 Unknown Public.

Confirmation of a Quorum – yes

Timekeeper – Penny Morris

### 1. CALL TO ORDER:

The meeting was called to order at 3:50 p.m. by Dan Dekorse

- 2. AGENDA:** Request to move the 3:25 item after Ownership Linkage; add Ad Hoc to review the By-Laws under Governance Process/Ownership Linkage; under the CEO Report will want to address Employee Retention Pay and the RFP for the Crisis Residential Unit.

**MOTION:** Approve the Agenda of June 16, 2022 with the additions.  
**RESULT:** ADOPTED [UNANIMOUS]  
**MOVER:** Lynn Pope  
**SECONDER:** Rose Denny

**3. CONFLICT OF INTEREST DECLARATION:**

Rose referenced that she is on the CWTA Board and it was mentioned on the Contract page.

**4. CONSENT AGENDA**

*Consideration of the Consent Agenda* - Clarification as to why the ORR Report was included on the Consent Agenda. Al requested that we have either on the COW or the Board of Director's Agenda. Will bring up at the Nominating and Leadership Development Committee Agenda for discussion.

**MOTION:** Approve the Consent Agenda  
**RESULT:** ADOPTED. [UNANIMOUS]  
**MOVER:** Greg McMorrow  
**SECONDER:** Rose Denny

**5. OWNERSHIP LINKAGE:**

- A. Citizen Comment - Pam noted previously her concern about her role as a Board Member and a Recipient Rights complaint that she filed. She reported that she needed to understand the process. She is continuing to meet with Brian.

James Galleng, Suicide Prevention Coalition from Marquette suggested that the Board request an Ends and Means report from the CEO specific to the compliance with the Mental Health Code MCL 330.1712 Individualized Plan of Service. Consider appointing him to the Ad Hoc Governance By-Laws Committee and to review Roberts Rules of Order Page 366 line 8. He suggested that we hire a Certified Parliamentarian.

- B. Ownership Communication – None.

- C. Board/CEO Linkage

**MOTION:** Approve Offering the contract to the CEO for \$140,000.  
**RESULT:** ADOPTED. Roll Call vote. 8 yes: Townsend, Babcock, Pope, Denny, Reed, Cambridge, Powers, Selesky. 5 nays: Lentych, Morris, Marois, Wessell, Dekorse. 1 Abstain: McMorrow  
**MOVER:** Ben Townsend  
**SECONDER:** Justin Reed

Referenced prior CEO salary of \$146,000.

**MOTION:** Approve Providing a Vehicle for the CEO.  
**RESULT:** ADOPTED. Roll Call vote. 14 yes: McMorrow, Babcock, Pope, Lentych, Denny, Morris, Reed, Cambridge, Marois, Powers, Selesky, Wessell, Dekorse, Townsend.  
**MOVER:** Ben Townsend  
**SECONDER:** Sherry Powers

It was identified that it would be more financially responsible to provide a vehicle.

Item # 3 Paragraph 8a – Offer Six Months Compensation for termination without cause.

**MOTION:** Reaffirm Offering the Original Condition of Six Month Compensation.  
**RESULT:** ADOPTED. Roll Call vote. 14 yes: Babcock, Pope, Lentych, Denny, Morris, Reed, Cambridge, Marois, Powers, Selesky, Wessell, Dekorse. Townsend, McMorrow.  
**MOVER:** Ty Wessell  
**SECONDER:** Penny Morris

Item # 4 Section 16 – Limitations prevents Executive from receiving any monetary damages if Discriminated against.

**MOTION:** Approve Section 16.  
**RESULT:** ADOPTED. Roll Call vote. 10 yes: Lentych, Morris, Cambridge, Marois, Powers, Selesky, Wessell, Dekorse, McMorrow, Babcock  
2 no: Townsend and Reed. 2 abstain Pope and Denny.  
**MOVER:** Tony Lentych  
**SECONDER:** Al Cambridge

It was identified that Motions 3 and 4 are not linked together.

## 6. CHIEF EXECUTIVE OFFICER'S REPORT:

Joanie reported that we responded to a FOIA and were asked to remove redacting. We are reconsidering removing the redacted area.

Our next public hearing is scheduled for July 25 with the time to be determined.

Joanie shared an update on our meeting with the Grand Traverse County Sheriff Department, meetings with the other counties and a meeting scheduled on June 27. We want to be included in the meetings with Grand Traverse County in their study sessions.

The Crisis Welcoming Center will be opened on June 20 for 12 hours a day. We are looking at scheduling an Open House after Cherry Festival. Dan has shared interest in attending.

The congressional dollars from the federal government is for a crisis residential unit. Joanie noted that the community has identified a desire to contract this out. We are looking at getting the RFP out on June 27. There will be bids accepted for 3 weeks. She would like a motion to work with scheduling, review and working on the implementation. Members identified were: Dan, Barb, and Rose. The RFP has been completed and we are hoping some of our providers are interested.

Crisis Residential Unit Sustainability will be used to divert people from hospitalization. Our goal is to utilize crisis residential days currently purchased, and preadmission screening and crisis response units to defer from inpatient days into the crisis residential unit. Using professional credentialed staff we would have to



save 534 inpatient days to divert for cost neutral performance. Using a combination of professional and paraprofessional staff we would need to divert 113 inpatient days in order to be cost neutral.

**MOTION:** Approve Creation of an Ad Hoc Committee  
**RESULT:** ADOPTED. (MOTION APPROVED)  
**MOVER:** Dan Dekorse  
**SECONDER:** Barb Selesky

Joanie identified that Mary had previously indicated that it would be beneficial to use retention or recruitment dollars to reduce the cost of benefits to staff. The Board had felt that they did not have enough input so it was brought here for discussion. Additionally, the total amount exceeds the executive limitation amount of what can be approved by the CEO. Lauri provided a quick overview of PA 152 law. There was discussion as to whether we could allow a lump sum without taking out taxes. The NMRE identified that the region is under the capitation received at a greater volume than at the same point in time last year. The tiered amounts were identified and there was an option of a flat fee as well. The recommendation was to support the tiered or longevity system.

**MOTION:** Approve the Recommendation of the CEO for the Tiered System.  
**RESULT:** ADOPTED. Roll Call Vote: 12 yes. Lentych, Denny, Morris, Reed, Cambridge, Marois, Powers, Selesky, Townsend, Babcock, Pope and Dekorse  
**MOVER:** Al Cambridge  
**SECONDER:** Tony Lentych

Mary identified that the Board should be a part of the public hearing for July 25 and the needs assessment to really hear the community.

Penny noted she wanted to clarify that Grand Traverse County has not had a study session.

Al asked what was the net gain of the numbers for hiring/leaving employment last month.

## 7. NORTHERN MICHIGAN REGIONAL ENTITY REPORT:

Reference was made to the minutes and no comments were identified. It was nice to have Eric in attendance today.

## 8. ASSURANCE OF ORGANIZATIONAL PERFORMANCE:

### A. Receipt of CEO Response to Monitoring Report – 2.9 Investments (Internal Inspection)

**MOTION:** The Board finds the organization 92% in compliance with Policy 2.9 Investments (Internal Inspection)  
**RESULT:** ADOPTED [UNANIMOUS]  
**MOVER:** Rose Denny  
**SECONDER:** Sherry Powers

### B. New Operational Worries – None.

### C. June Monitoring Assignment

2.7 Continuity of Executive Functions (Internal Inspection) Please complete and turn in.

## 9. BOARD MEANS SELF-ASSESSMENT

A. *Receipt CEO Response to Monitoring Report 3.8 Cost of Governance - Policy (Direct Inspection) and 3.8 Cost of Governance – Budget (Internal Inspection)*

<b>MOTION:</b>	<b>The Board finds the organization 83% in compliance with Policy 3.8 Cost of Governance - Policy (Direct Inspection) and Policy 3.8 Cost of Governance – Budget (Internal Inspection)</b>
<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>MOVER:</b>	<b>Rose Denny</b>
<b>SECONDER:</b>	<b>Sherry Powers</b>

*June Monitoring Assignment*

4.3 Delegation of Mgt Powers to the CEO (Direct Inspection). Please complete and turn in as soon as you are able.

## 10. GOVERNANCE POLICIES DISCUSSION AND ASSESSMENT:

- A. *Ends* – Mary noted that we need to identify measurable objectives. We need to use our Ends to justify the means.
- B. *Executive Limitations* – None.
- C. *Governance Process/Ownership Linkages*

*RRAC Minutes – June 14, 2022 – Review and Approve*

<b>MOTION:</b>	<b>Approve RRAC Minutes – June 14, 2022</b>
<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>MOVER:</b>	<b>Rose Denny</b>
<b>SECONDER:</b>	<b>Barb Selesky</b>

*Ad Hoc Governance Committee*

Tony identified that he was going to present earlier. Will add to COW meeting next month.

*Ad Hoc Committee for Board By-Laws*

<b>MOTION:</b>	<b>Appoint an Ad Hoc Committee for Board By-Laws</b>
<b>RESULT:</b>	<b>ADOPTED [UNANIMOUS]</b>
<b>MOVER:</b>	<b>Tony Lentych</b>
<b>SECONDER:</b>	<b>Rose Denny</b>

The following were appointed: Tony, Ben, Rose and Joanie.

## 11. OWNERSHIP LINKAGE:

A. *Citizen Comment* – None.

## 12. ANNOUNCEMENTS/BOARD MEMBER REPORTS:

- Justin referenced the fund raiser for the Cherry Festival
- Ben will be presenting to the next COW on governance
- Confirmation that we will be meeting at Kirtland Community College off of 4 Mile Road in July
- Dan reviewed the Certificate of Appreciation for Randy Kamps

**13. JULY 21, 2022 AGENDA PLANNING:** Done.

**14. MEETING EVALUATION:**

#1 – We spent our time on the most important governance topics – excellent

#2 – We encouraged diversity of viewpoints – satisfactory

#3 – Our decisions were made collectively – satisfactory

#4 – The Board used its time effectively – satisfactory

#5 – What is the most important thing the Board could do to improve our function as a Board?

Comment – None.

**15. ADJOURNMENT:**

The meeting adjourned at 5:11 p.m.

Respectfully Submitted,

Dan Dekorse, Chairperson

\_\_\_\_\_

Sherry Powers, Board Secretary

\_\_\_\_\_

Deb Lavender, Recording Secretary

\_\_\_\_\_

DRAFT



Administrative Office, 105 Hall Street, Suite A, Traverse City, MI 49684

**Committee of the Whole Meeting  
Minutes**

**June 16, 2022**

**12:00 PM**

**1. ATTENDANCE:**

Northern Lakes Community Mental Health Authority, 527 Cobb Street, Cadillac and remote virtual meeting.

Rose Denny called the meeting to order at 12:00 p.m.

Board Members Present: Tony Lentych, Dan Dekorse, Penny Morris, Ben Townsend, Rose Denny, Barb Selesky, Pam Babcock, Sherry Powers, Ty Wessell, Al Cambridge, Lynn Pope, Greg McMorrow, Justin Reed

Board Members Absent: Nicole Miller (advance notice) and Mary Marois (advance notice), Angela Griffis (advance notice)

Others Present: Cadillac – Joanie Blamer, Interim Chief Executive Officer; Lauri Fischer, Chief Financial Officer; Matt Leiter, Director of Human Resources; Tracy Andrews, Director of Integrated and Managed Health Services; Brian Newcomb, Director of Recipient Rights; Heather Sleight, Administrative Specialist; Deb Lavender, Executive Secretary; Stacy Maiville, Executive Secretary; Jeremiah Williams, Information Technology Supervisor; Dan Mauk, Chief Information Officer; Eric Kurtz, NMRE; Haider Kazim

Virtual –Ann Ketchum, Programmer Analyst II; Jessica Williams, Performance Improvement Specialist; Chris Biggar, Finance Manager; Kelly Hoag, Administrative Specialist; Kasie Morse, Customer Service Provider; Aaron Fader, Human Resources Specialist; Michelle Michalski, Human Resources Specialist; Treasa Cooper, Reimbursement Coordinator; Dean Baldwin, Network Administrator; Kari Barker, QI Compliance Director; Deb Freed, Public Relations; Lisa Jones, Recipient Rights Advisor; Aimee Horton Johnson, Office Administrator; Alyssa Hansen, Human Resources Supervisor; Kristin McLeod, Human Resources Representative; Kaitlyn Reinink, Nursing Supervisor – Psychiatric Services; Michelle Dosch Compliance Secretary – QI & Compliance; Darryl Washington, Northern Healthcare Management Team; Jan Pytlowany, Customer Service Provider; Jennifer Wisniewski, RN Psychiatric Services; Jessica Whetstone, Jail Diversion Clinical Specialist; Travis Merz, Business Intelligence Specialist; Tiffany Fewins, Administrative Assistant; Ian Pegan-Naylor, Recipient Rights Advisor; Melissa Trout, Child & Family Manager; Linda Jameson; Patti Burgess; James Galleng

**2. PUBLIC COMMENT:**

James Galleng with the Marquette County Suicide Prevention Coalition. Would like CEO to give a means and ends report concerning how she has assured that this board is complying with the Michigan Mental Health Code, specifically MCL 330.1712 Individualized Plan of Services. Contains 9 things including assessing needs of the consumer for legal services. He does not feel that this is happening with CMH’s in Michigan. Children whose parents are divorced, always have a court ordered standard of care. When that is not being provided to them, that creates an increased risk in suicide. Also wants the board to consider appointing him to the new ad-hoc governance committee as he feels that our attorney who presented today was misguided on his

attempts at RRO. Feels that our board is confused and that the newly appointed chairs get to make up rules and run the board as they see fit.

### **3. CEO POSITION:**

Four open issues regarding the Employment Agreement:

- Paragraph 4 agreement offered at \$135,000. Joanie is at \$150,000
  - Motion passed to vote at Board meeting on starting salary of \$140,000
- Paragraph 5 - agreement doesn't offer a company vehicle. Joanie would like one
  - Motion passed to vote at Board meeting to offer Joanie a company vehicle.
- Paragraph 8a – agreement offers 6 months compensation for termination w/o cause. Joanie would like 12 months w/in 1 year, 9 months w/in 2 years and 6 months after 3 years.
  - Motion passed to vote in the Board meeting to change or keep this the same
- Section 16 – limitations prevent Executive from receiving any monetary damages if discriminated against based on gender, race, or other protected categories. Joanie doesn't agree that current legal, protective rights should be waived.
  - Motion passed to vote in the Board meeting to change or keep this the same

### **4. OVERVIEW OF DOCUMENTS:**

#### **REVIEW OF MH CODE & ADMINISTRATIVE RULES**

Joanie provided a review of the requirements in the Michigan Mental Health Code and Administrative Rule. The Michigan Mental Health Code is a Michigan law. The Department of Health and Human Services provides guidance on the law through the administrative rules.

- The board is responsible for/to:
  - Contract w/Chief Executive Officer
  - Contract w/Chief Medical Officer
  - Directly employ executive team members
- The purpose of the community mental health authority is to provide:
  - Crisis stabilization and response, 24/7
  - Identification, assessment and diagnosis to determine the specific needs and to develop an IPOS
  - Planning, linking, coordinating, follow-up and monitoring to assist the recipient in gaining access to services.
  - Specialized mental health recipient training, treatment, and support
  - Recipient Rights services
  - Mental Health advocacy
  - Prevention activities that serve to inform and educate with the intent of reducing the risk of severe recipient dysfunction.
- Powers and Duties of the board
  - Annually conduct a needs assessment to determine the mental health needs of the residents of the county/counties it represents and identify public or nonpublic services to meet those needs.
  - Annually review and submit to the department by the date specified, a needs assessment report, annual plan, and request for new funds for the CMHS program.
  - Provide and advertise a public hearing on the needs assessment, annual plan, and new request for funds before providing them to the county board of commissioners.
  - Submit to each board of commissioners, for their approval, an annual request for county funds to support the program.
  - Annually approve the community mental health services program's operating budget for the year.
  - Take the actions it considers necessary and appropriate to secure private, federal and other public funds to help support the CMHS program.
  - Maintain copies of the original resolution of the county board of

- commissioners and revisions, which establishes authority.
- Approve and authorize all contracts for the provision of services. Review and evaluate the quality, effectiveness and efficiency of services being provided by the CMHS program.
- The board shall:
  - Operate under personnel practices that do not discriminate against an employee or an applicant for employment.
  - Appoint an executive director of the CMHS program
  - Establish general policy guidelines w/in which the executive director shall execute the CMHS program.
  - Require the executive director to select a physician to advise the executive director on treatment issues.

## **CONTRACT REQUIREMENTS – Eric Kurtz, NMRE CEO provided a review of various contracts and their requirements**

- Law, contracts and policy of significance:
  - Mental Health Code
  - Established in 1974
  - Established the Department of Health
  - Service provisions are for all consumers. Services should be targeted and directed to the most in need.
- General funds contract
  - Intended to codify the Mental Health Code responsibilities
  - A mix and match of Medicaid covered supports and services
- PIHP Contract with the state
  - A compilation of state and federal law and compliance regulations as they relate to the state waiver applications and it's Medicaid program for Behavioral Health and Substance Use Disorder Services.
- Medicaid Provider Manual,
- PIHP contract with the CMHSP's.
  - Network Adequacy and Availability of services
  - Timeliness of service access
  - Timely payments and claims processing
  - Utilization management
  - Customer services
  - Management of information systems
  - Grievance and appeals
- These are the state and federal requirements that we are bound to.

**Question:** any talks of Telehealth and the budget? **Response:** not so much on the budget side but on the Medicaid policy side of things, yes. We all want Telehealth to continue in some form or fashion. Feels that it will be scaled back a little bit. Not sure if we will be able to keep it as a billable service. Telehealth pre-Covid is different than post-Covid. Hoping these rules get loosened up. **Question:** Our ends policies are very open ended and not really measurable at all. Any recommendations? **Response:** The Carver is far more hands off. The board looks at the outcomes. Having been on both sides of the fence, I want the board to know what I know. A committee board model can get a little overwhelming and can bring the board into areas that really should be managed by the Executive Director. The hands-off type tends to have troubles. **Question:** As the NLCMH, we are substantially underspending our Medicaid capitation. Why is that happening and what can be done? **Response:** Covid has caused people to stay on continuous Medicaid (no redeterminations) as well as did away with spend downs and boosted Direct Care Wages without really knowing the best way to push out the money or how much to push out. They are frankly paying us more than we will use based on these factors. The factors will be going away soon though. Money that is not spent has to be given back. It is not that we don't have ways to spend it, but there are stipulations on how the money can be spent. **Question:** Can you see the simplicity in a hands-off model from the standpoint of a finance committee? **Response:** It is up to the individual board as to whether or not they need a finance

committee. In the full policy governance, it's the ends and means – that's it. You can modify the ends, you can modify the Carver model. At the end of the day, I think most lean toward the Carver model. Discussion of the modification of the ends and the NMRE.

## **BOARD BY-LAWS Update and suggested changes was provided by Dan DeKorse**

The written rules that control the internal affairs of an organization. They govern the way the group must function as well as the roles and responsibilities of its officers. Sometimes mistakenly called Standard Operating Procedures (SOP's). Help an organization handle new situations or issues that may arise. They help keep things running smoothly.

- NLCMHA has 12 articles:
  - Name and Authority
  - Purpose and Function
  - Board Membership
  - Terms of Office, Vacancies and Removal
  - Officers and Duties
  - Committees
  - Meetings
  - Conduct of Meetings
  - Powers to Contract
  - Powers to hold assets
  - Conflict of Interest
  - By-Laws

**Question:** Have our bank accounts been approved by the board? **Response:** I do not remember the board approving the bank accounts. When we merged with an RFP, 2 of the banks within our area met the policy that the board has. A branch in each of the locations that makes deposits and a couple of other rules within there.

Dan proposed a motion to assemble a committee to review by-laws and look at how they pair up to our policies.

Tony recommended that we get article 12, section 2 in front of counsel for clarification. This is currently being worked on but person doing so is home with Covid.

Discussion regarding the separation by Grand Traverse County. We need to be proactive rather than reactive. Focus on the problem, the root cause and how to fix it. Six counties meeting later this month. 4 Southeast counties are meeting weekly to create a plan B. It is possible to have someone come and explain the separation process to us in greater detail.

## **Review of the OPEN MEETINGS ACT was provided by our General Counsel, Haider Kazim.**

- Board Governance Policies
  - Section 3.5 states that meetings of the board are to be conducted in accordance with Robert's Rules of Order.
  - For the months of November through March, board meetings can be conducted using interactive video conferencing.
- NLCMHA By-Laws
  - Article 8, Sec 1 states that RRO govern board meetings unless the by-laws conflict with the rules, in which case, the by-laws control so long as they do not conflict with the constitution and state laws.
  - RRO can be temporarily suspended by a 2/3 vote of those present at any regular board meeting.
- Open Meetings Act
  - MCL 15.263(1) requires that all meetings of a public body must be open to the public and must be held in a place available to the open public.
  - AG opinion No.7318 (dated 2/4/22) states that phrase "in a place available to the public" means meetings of a public body must be held in a

physical space and therefore the OMA does not contemplate wholly virtual meetings. However, the AG also gave opinion as to whether, in the absence of any accommodation in the OMA to allow a disabled individual to attend a meeting virtually or via remote access, such accommodations are required by the ADA and Rehabilitation Act. The opinion concluded that since the OMA is inconsistent with what is required under the ADA, then the OMA is preempted.

- The OMA was amended 12/20 due to Covid to allow public bodies to meet virtually and exempt compliance with the in-person meeting requirements of MCL 15.263.
- The ADA was enacted to provide federal protection for the disabled and to prevent discrimination against individuals on the basis of their disability.
- Under title 2 of the ADA, it states that no qualified individual with a disability shall be excluded from participation or be denied benefits of the services, programs or activities of a public entity, or be subjected to discrimination by any such entity.
- When seeking accommodation under the ADA, board member must show that they have a disability and that they are a qualified individual with a disability. And the board must consider whether it can modify its meetings w/o incurring an undue burden or altering the nature of the meetings.
- Under the ADA, the relevant definition of disability is "a physical or mental impairment that substantially limits one or more of the major life activities of the individual. For disability to qualify under ADA, it requires an individual assessment of whether the impairment substantially limits a major life activity.
- Because the Board was able to meet virtually during the Covid-19 pandemic and has been conducting, in whole or in part, virtual meetings since 2020, it does not appear likely that a request for a hybrid in-person meeting/remote access would place an undue financial or administrative burden upon NLCMHA or constitute a fundamental alteration of the Board's meetings.
- However, a FULLY virtual meeting is not required since it is not necessary to accommodate a qualified individual with a disability and thus is not required by the ADA and hence, not allowed by the OMA.
- Therefore, pursuant to the AG's opinion No 7318, under the ADA and the Rehabilitation Act, the Board must provide reasonable accommodations to a Board member who is qualified with a disability, and who requests an accommodation in order to fully participate in Board meetings allowing the member to participate virtually.

### **Robert's Rules of Order**

- RRO are rules of parliamentary procedure and are not specific to public bodies.
- To the extent that there is a conflict between RRO and the OMA or any other state or federal laws, the Rules are preempted.
- To the extent that there is a conflict between the Rules and NLCMHA by-laws, the by-laws control.
- The Rules permit a board or committee to meet by video/teleconference if authorized by the board or committee's by-laws. Under the Rules. A meeting held via video or telephone conference must allow all persons participating to see and hear each other at the same time.

### **Agenda amendments**

- The agenda may be amended by a vote of the majority of Board members present at a meeting prior to its adoption.
- If a motion to amend the agenda is made after it has been adopted, then a 2/3 vote of members present is required.



## **GOVERNANCE -**

- Put off until next month

## **5. AGENDA PLANNING OPTIONS:**

July 21, 2022 meeting we have on our agenda

## **6. MEETING EVALUATION/COMMENTS:**

#1 – We spent our time on the most important governance topics – excellent

#2 – We encouraged diversity of viewpoints – excellent

#3 – Our decisions were made collectively – excellent

#4 – The Board used it's time effectively – excellent

#5 – What is the most important thing the Board could do to improve our function as a Board?

Comment – None.

## **7. OTHER/ADJOURN:**

Meeting adjourned at 3:37 p.m.

Respectfully Submitted,

Heather Sleight  
Administrative Specialist

DRAFT

**Northern Lakes Community Mental Health Authority  
Financial Reporting for 6/30/2022**

**Overview:**

- Milliman has certified capitation rates inclusive of the \$2.35 Direct Care Worker wage premium for fiscal year 2022. Through April, the capitated rates received by the Northern Michigan Regional Entity and NLCMHA had been based on a \$2.25 direct care wage premium. This change resulted in about \$80,000 of retroactive Medicaid or about 1.9% more than the prior month in traditional Medicaid. Likewise, about \$4,500 in retroactive Healthy Michigan Plan capitation, or 0.78% more than the prior month.
- Annual reporting for Northern Health Care Management (NHCM) to the Michigan Department of Health and Human Services (MDHHS) generally occurs each year in June. Milliman, the MDHHS actuaries, also set capitated rates for the MI Choice Waiver Agents and creates the forms for which reporting occurs. NHCM is considered a Prepaid Ambulatory Health Plan and is required to submit a Medical Loss Ratio report. NHCM is considered a partially credible program, meaning the claims experience measured in terms of member months has a reasonable chance that the difference between actual and target medical loss ratios is statistically significant. The FY 2021 medical loss ratio calculation for NHCM is 91.06%. NHCM experienced 3,722 member months with capitated revenues of \$10,685,327 in FY 2021.
- Techni^lodge update: NLCMHA and NHCM received an opinion of probable cost from RCI Construction for the build of two buildings consisting of 16 total apartments and 14,288 square feet of \$5,509,452. This equates to \$385.60 per square foot to build. Other quotes received were for a construction manager of \$630,810 or \$44.15 per square foot, an architectural bid for design, documents, site visits, and structural, mechanical, plumbing, and electrical engineering of \$101,700. Additional quotes are being sought. Initial discussions with banking relationships have begun.

**Medicaid Spending as compared to Regional Funding Advances:**

- Services provided to individuals with traditional Medicaid coverage will be reported at \$43,385,272 with \$337,624 available in coordination of benefit reimbursements. This is \$3,922,090 below capitated advances provided by the NMRE. The retention incentive is included in the accruals for June.
- Services provided to individuals with Healthy Michigan Plan coverage will be reported at \$5,377,467. This is \$314,526 above capitated advances provided by the NMRE.
- Services which must be paid for by General Funds total \$1,247,037. This is \$927,097 below the year's allocation. General Funds include the carryforward earned in FY 2021 of \$127,597.

**Residential/Inpatient Usage:**

- At the end of June, it is expected there were 255 people in contractual specialized residential placements and semi-independent homes representing a net increase of seven. The average SRS per diem decreased \$0.31 to \$210.45. Two new contracts have been signed with residential providers.
- The amount paid to community inpatient hospitals, on a cash basis, was \$603,966 in the month of June. Two months in a row have exceeded \$600K on a cash basis for inpatient stays. The largest provider paid in June was Munson Medical Center and covered days between February and May 2022.

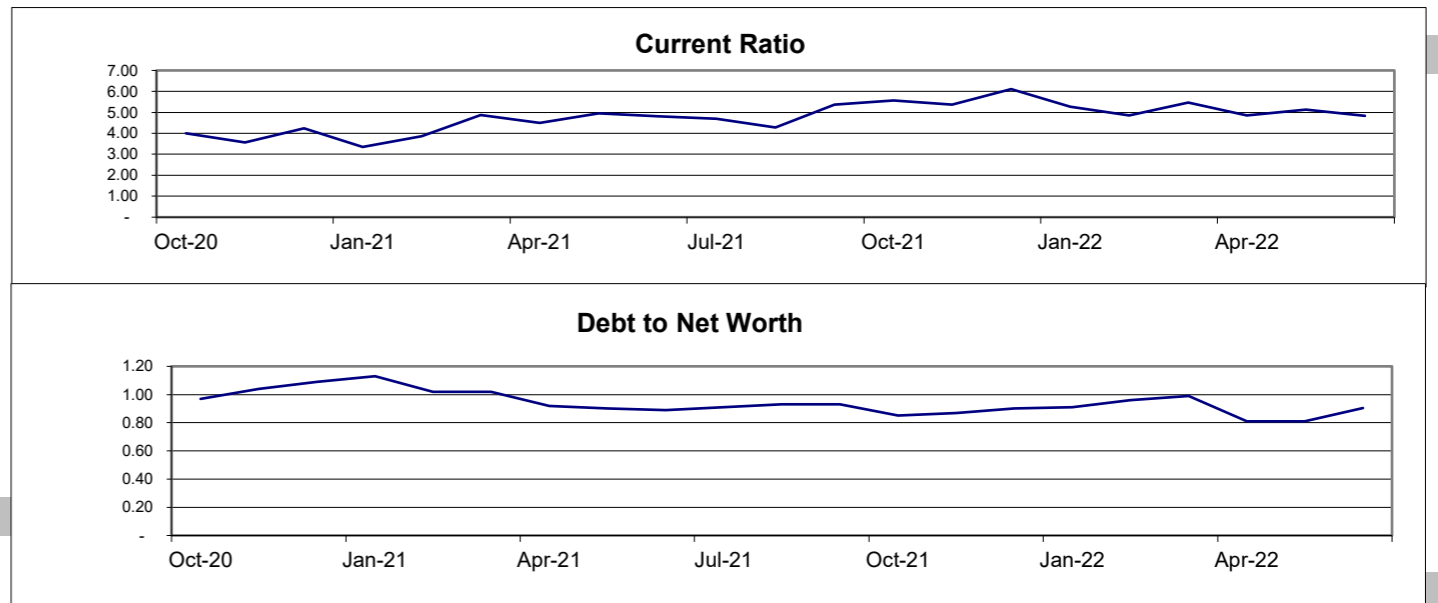
## **Revenues and Spending:**

- Revenues exceed expenses by \$3,154,753 as of June 30<sup>th</sup>. The performance-based incentive program funds were paid to NLCMHA by the NMRE. The total received was \$938,098. The CHAT program or Behavioral Health Home also met its performance indicators and received \$9,446 in performance incentives.
- Unspent General Funds included in the revenues exceeding expenditures that exceed 5% of the year's allocation will be required to be returned to the MDHHS.
- Cash on hand increased \$6,484,533 in June. NMRE paid June capitation and the performance-based incentives in June.

Northern Lakes Community Mental Health Authority  
 Finance Report As of 6/30/2022  
 Fiscal Year Ending September 30, 2022

Revenues	2022-#1	2022-#1	Actual	Actual	Percentage	Capitated Category	Provided Advances	(Expenses)	Worries (Over)/Under
	Total Budget	YTD Budget	YTD Revenues	Over/(Under)	YTD			Earned Revenues	
State Sources	\$ 6,355,628	4,766,721	4,436,890	(329,831)	70%				
Local Sources	\$ 1,961,800	1,471,350	2,092,009	620,659	107%	General Funds	2,174,134	1,247,037	927,097
Medicaid Sources	\$ 62,919,411	47,189,558	49,055,097	1,865,539	78%	Medicaid	46,969,738	43,047,648	3,922,090
Reimbursements	\$ 964,244	723,183	1,013,874	290,691	105%	Healthy Michigan	5,062,941	5,377,467	(314,526)
MI Choice HCBW	\$ 11,652,407	8,739,305	8,451,926	(287,379)	73%	Behavioral Health Home	301,804	208,578	93,226
<b>Total Revenues</b>	<b>\$ 83,853,490</b>	<b>62,890,118</b>	<b>65,049,795</b>	<b>2,159,678</b>	<b>78%</b>	Northern Health Care Mgmt	8,435,926	7,475,621	960,305
						Local Requirements	2,092,009	917,885	1,174,125
							<b>65,036,552</b>	<b>58,274,236</b>	<b>6,762,316</b>
<b>Expenditures</b>	<b>Total Budget</b>	<b>YTD Budget</b>	<b>Actual YTD Expenses</b>	<b>Actual (Over)/Under</b>	<b>Percentage YTD</b>	Earned and allowable to retain 2,336,362			
Personnel	\$ 29,673,756	22,255,317	21,089,796	1,165,521	71%	Medicaid and Healthy Michigan Plan expenses are expected to be covered by Medicaid savings and internal service fund dollars from the NMRE.  General Funds spent on services to individuals without insurance coverage must be covered by excess local funds or NLCMHA Fund Balance			
Direct Operations	\$ 2,521,322	1,890,992	1,992,643	(101,652)	79%				
Contractual Services	\$ 11,146,558	8,359,919	8,114,656	245,263	73%				
Contract Agencies	\$ 7,218,481	5,413,861	5,755,514	(341,653)	80%				
Residential Contracts	\$ 24,069,294	18,051,971	18,077,028	(25,057)	75%				
Inpatient Services	\$ 6,264,208	4,698,156	4,596,793	101,363	73%				
Transportation	\$ 1,348,564	1,011,423	1,089,164	(77,741)	81%				
Occupied Space	\$ 1,611,307	1,208,480	1,179,449	29,031	73%				
<b>Total Expenses</b>	<b>\$ 83,853,490</b>	<b>\$ 62,890,118</b>	<b>\$ 61,895,043</b>	<b>\$ 995,075</b>	<b>74%</b>				
<b>Net Revenues over Expenditures</b>			<b>\$ 3,154,753</b>						

Monthly Indicators	Previous Month	Current Month
Current Ratio	5.14	4.83
Cash on Hand	\$ 30,043,385	\$ 36,527,918
Short Term Liabilities	\$ 5,848,261	\$ 7,564,021
<i>According to Financial Performance Indicators the goal is greater than 2.</i>		
Debt to Net Worth	0.79	0.91
Short Term Liabilities	\$ 5,848,261	\$ 7,564,021
Long Term Liabilities	\$ 5,614,910	\$ 5,614,910
Compensated Absences	\$ 1,419,832	\$ 1,419,832
Net Pension Liability	\$ 4,195,078	\$ 4,195,078
Unrestricted Fund Balance	\$ 7,938,090	\$ 7,938,090
Net Assets (Undepreciated Value)	\$ 6,620,251	\$ 6,620,251
<i>According to Financial Performance Indicators the goal is less than 2.5.</i>		
Directly provided services	38.9%	40.6%
Contractually provided services	61.1%	59.4%



**Northern Lakes Community Mental Health Authority  
List of Contracts and Agreements Entered Into  
For the Month of June 2022**

<b>Vendor by Category</b>	<b>Estimated Annual Financial Value</b>
<b>1 Specialized Residential Services and Community Living Supports</b>	
* Falco Corp/ Allegan Enrichment Center III	\$ 150,000
* Hope Network Behavioral Health, 6th Amendment	\$ 260,000
* Cornerstone AFC, LLC	\$ 100,000
* TLK AFC Home	\$ 490,000
* Wright's AFC Home	\$ 660,000
* Paradise AFC Home	\$ 510,000
* Hope Network Behavioral Health, 5th Amendment	\$ 150,000
* Beacon Specialized Living, 11th Amendment	\$ 3,000,000
<b>2 Inpatient and Hospital Contracts Including Single Case Agreements</b>	
* None	
<b>3 County of Financial Responsibility (COFR) - Provider (Purchase of Services)</b>	
* None	
<b>4 Independent Contractors and Leases</b>	
* Issue Media Group Amendment	\$ 12,000
<b>5 MI Choice Waiver Contracts</b>	
* Morning Glory Adult Foster Care LLC	\$ 25,000
<b>6 Grants-Revenue Contracts</b>	
* None	

## Chief Executive Officer's

### Report to the Board

July 21, 2022

**Citizen Comment:** Public comment was made asking for an assessment of section 330.1712 Individualized written plan of services in the Michigan Mental Health Code (MHC), with specific attention given to legal services.

In specific reference to the legal services, the MHC states, "The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation and recreation." In the development of the Individual Plan of Service recipients are asked what support is needed to help in accomplishing set goals and objectives. NLCMHA also has a Legal Status Section that asks about legal concerns, including competency, guardianship, minors, legally emancipated minors, as well as the voluntary or involuntary treatment requirements. If there is a known legal concern the court of jurisdiction is identified. We also have an Information section in the Clinical Assessment that specifically asks if legal status is desired to be included as need or goal in the IPOS.

NLCMHA has policies and procedures in place to meet this section of the MHC. NLCMHA is audited by the State of Michigan and the NMRE at least annually, which includes an assessment of our person-centered planning process and IPOS. NLCMHA is compliant with this section of the law.

**Legal Cases:** The following are open/active lawsuits or complaints:

- A summons was received by NLCMHA on May 17th, 2022. Listed on the summons is NLCMHA and two staff who both are no longer employed. MMRMA, our insurance carrier has assigned an attorney and initial interviews have occurred with the former staff. Position descriptions have been provided to the assigned attorney.
- Towerhill – Attorney assigned by MMRMA provided update in May noting all claims except Persons with Disability Civil Rights Act retaliation have been dismissed against NLCMHA and Karl. All claims filed against Paul Keller, former ORR Director, remain open at this time. Depositions have occurred with current and former NLCMHA staff as well as the owner of Towerhill.
- EEOC - One complaint remains open. MMRMA was provided the files and responses from the claim and NLCMHA Labor Attorney. They await the EEOC response to NLCMHA.
- MG - The decision dismissing Karl, Stacey, Nanci and NLCMHA was upheld on appeal. Our General Council reported Crawford County settled the case.

**Annual Public Hearing:** Will be held on July 25<sup>th</sup>. Each office will be open and available for people who wish to participate in person, and we will have two virtual sessions that day, one from 3-5 and another from 5:30-7:30. The agenda will be the same for each session.

The purpose of the hearing is to share information relating to the budget and gather input from citizen's and community partners relating to needs and gaps in services. The information we

gather will be used in our annual needs assessment and planning. The overall agenda will be as follows:

- I. Welcome
- II. Financial Overview
- III. Community Needs and Gaps of Service
- IV. Prioritizing the identified needs and gaps
- V. Defining what success will look like in needs/gaps the prioritized

In terms of developing awareness and promoting the hearing, we will post the annual notice as required. Additionally, we have advertised in local papers, social media, used our email blasts, and are in the process of sending personal invitation communication to community leaders/partners.

The information gathered will be placed on our internet within 8 days of the public hearing.

**Community Connections/Meetings:**

- June 16th, Meeting with ROOC, Somer Quinlan
- June 20<sup>th</sup>, Meeting with Grand Traverse County Administrator, Deputy Administrator, and Board Chair, Dan
- June 21<sup>st</sup>, NMRE Ops Meeting
- June 22<sup>nd</sup>, NMRE Board Meeting
- June 22<sup>nd</sup>, Meeting with GTC Undersheriff Shea, Chief O'Brien, Suzy Cline, and Penny Morris. Discussed steps we have taken to better support one another and agreed to move the meeting to monthly instead of weekly
- June 23<sup>rd</sup>, Grand Traverse County Community Collaborative Meeting
- June 23<sup>rd</sup>, Meeting with Board Chair relating to Agenda development and website updates
- June 24<sup>th</sup>, Meeting with Crawford, Missaukee, Roscommon, and Wexford County Administrators
- June 27<sup>th</sup>, Meeting with State MDHHS relating to Justice Diversion Grants
- June 28<sup>th</sup>, Wexford Missaukee Human Services Leadership Council (community collaborative)
- June 28<sup>th</sup>, Meeting with Eric Kurtz relating to all six-county meeting held on the 27<sup>th</sup>
- June 28<sup>th</sup>, Meeting with NAMI Wexford
- June 29<sup>th</sup>, Meeting with Board Chair on Agenda Development and accessing former meeting minutes
- June 29<sup>th</sup>, Meeting Traverse Health Clinic, Arlene Brennan
- June 29<sup>th</sup>, Meeting with Munson staff to develop a contract to share resources to better meet the needs of those in crisis presenting to the emergency department.
- June 29<sup>th</sup>, Meeting with the Board Bylaws Ad hoc Committee
- June 30<sup>th</sup>, Meeting with MDHHS relating to updates on State Hospital Admissions to the PIHPs and CMHSPs Directors
- July 1<sup>st</sup>, Staff Townhall Meeting
- July 1<sup>st</sup>, Meeting with Crawford, Missaukee, Roscommon, and Wexford County Administrators
- July 5<sup>th</sup>, Meeting with MI Independent Living to discuss the development of Respite services/beds

- July 6<sup>th</sup>, NLD Meeting
- July 7<sup>th</sup>, Crisis Residential Services Request for Proposal Question and Answer Session
- July 8<sup>th</sup>, Meeting with Roscommon County Leaders (Judge, Sherriff, P.A., DHHS, Probation) relating to the Interagency Agreement and local services
- July 11<sup>th</sup>, Meeting with the Governance Ad Hoc Committee
- July 12<sup>th</sup>, Attended the Grand Traverse County Board of Commissioner's Special Meeting
- July 13<sup>th</sup>, NMRE Finance Committee
- July 13<sup>th</sup>, Meeting with GT Undersheriff, TC Chief of Police, Suzy Cline, and Dan DeKorse

**Crisis Welcoming Center:** We opened our Crisis Welcoming Center on June 20<sup>th</sup>. The current hours are noon to midnight 7 days a week. The Open House is scheduled Friday, July 15<sup>th</sup> from 12:00 Noon to 2:00 p.m.

**Congressional Dollars:** We submitted the application to SAMHSA for the federal congressional dollars for FY23 on June 10<sup>th</sup>. The RFP for crisis residential services went out on June 27<sup>th</sup>. Later this month I will be reaching out to those of you who volunteered to help review the RFPs with staff and community partners. We will schedule some time in early August to review and assess the responses we get.

It is my understanding the State budget language including the following on page 675, "\$3,000,000.00 is allocated to a CMHSP with a primary office located in a county with a population between 95,000 and 96,000, according to the most recent federal decennial census, to enhance the CMHSP's crisis welcoming center that shall serve as the foundation for a future crisis stabilization unit." I have reached out to our Senator's and Representative's for more information and to thank them for advocating for financial support for mental health services in northern Michigan.

**Jail Services:** We continue to provide behavioral health services in all six counties. Additionally, our Operation Managers continue to offer assistance to the Grand Traverse County Jail with mental health services until their behavioral health provider is up and operational.

**Media Coverage:** There were several articles in the last couple of weeks. The links are below and if you wish to have a printed copy let me know and I will get one to you.

[https://www.record-eagle.com/northern-lakes-board-members-removed/article\\_e7635652-01f3-11ed-a3b9-af42e0cd916f.html](https://www.record-eagle.com/northern-lakes-board-members-removed/article_e7635652-01f3-11ed-a3b9-af42e0cd916f.html)

<https://www.traverseticker.com/news/gt-county-commissioners-remove-two-cmh-board-members/>

[https://www.record-eagle.com/gtc-district-8-candidates-square-off/article\\_5576d0fc-fc8f-11ec-92b2-57b9c0eb147c.html](https://www.record-eagle.com/gtc-district-8-candidates-square-off/article_5576d0fc-fc8f-11ec-92b2-57b9c0eb147c.html)

[https://www.record-eagle.com/news/county-board-alleges-cmh-misconduct/article\\_9fd64e2c-fd41-11ec-8e0d-c3da94e87788.html](https://www.record-eagle.com/news/county-board-alleges-cmh-misconduct/article_9fd64e2c-fd41-11ec-8e0d-c3da94e87788.html)

<https://www.9and10news.com/2022/07/06/northern-lakes-community-mental-health-opens-first-crisis-welcoming-center-in-traverse-city/>



<https://www.traverseticker.com/news/rotary-charities-announces-proactive-grant-cycle-to-address-top-community-needs/>  
[https://www.cadillacnews.com/news/northern-lakes-looking-to-expand-crisis-care-with-residential-center/article\\_355f64b4-f618-11ec-9a47-d712dd431839.html](https://www.cadillacnews.com/news/northern-lakes-looking-to-expand-crisis-care-with-residential-center/article_355f64b4-f618-11ec-9a47-d712dd431839.html)  
<https://www.9and10news.com/2022/06/20/traverse-area-district-library-community-partners-to-host-conversation-on-youth-addition-prevention-intervention-recovery/>  
[https://www.record-eagle.com/news/local\\_news/crisis-welcoming-center-opens-monday/article\\_29846dd8-edcb-11ec-9485-53147cf738cf.html](https://www.record-eagle.com/news/local_news/crisis-welcoming-center-opens-monday/article_29846dd8-edcb-11ec-9485-53147cf738cf.html)  
[https://www.record-eagle.com/news/local\\_news/two-well-known-republicans-vie-for-district-5-seat/article\\_12a1213e-eb45-11ec-8e1b-17da1a7eef63.html](https://www.record-eagle.com/news/local_news/two-well-known-republicans-vie-for-district-5-seat/article_12a1213e-eb45-11ec-8e1b-17da1a7eef63.html)  
[https://www.cadillacnews.com/news/no-news-is-good-news-regarding-future-of-northern-lakes-cmh/article\\_b309828a-e8fa-11ec-93d3-fb189e94999f.html](https://www.cadillacnews.com/news/no-news-is-good-news-regarding-future-of-northern-lakes-cmh/article_b309828a-e8fa-11ec-93d3-fb189e94999f.html)

**CMHAM:** I will be attending the next Director’s Forum on July 26<sup>th</sup> and 27<sup>th</sup>. As noted in my midpoint report, the FY23 budget has been agreed upon by the legislature and governor. I will inform you of any updates I receive.

**Performance Indicators:** The Michigan Department of Health and Human Services consistently tracks performance indicators data. You have heard Kari Barker speak about these in various presentations. The graphs at the end of this report demonstrate the past 5 quarters assessed by MDHHS. The benchmark for all indicators except readmission to hospital is set by the state at 95%. The Readmission to a hospital within 30 days is set at 15% or less. In the last quarter assessed, we missed the mark on children readmitted to the hospital within 30 days of discharge (22%), as well as children being served with 14 days of assessment (94%). The Executive Team and clinical leaders review this data and adjust practices as necessary to meet the indicators moving forward.

### **Program Updates:**

#### **Northern Healthcare Management (Darryl Washington):**

##### Challenges:

Our current electronic health record is not fully meeting our needs and the cost of the program has increased exponentially

Staffing shortage

##### Successes:

NHCM has a new EHR provider, Innermark. This system was specifically designed for the MI Choice program and will eventually help track and manage Community Transitions as well. The crossover date for the installation and implementation of the new system will occur on 10/1/2022

In keeping with the development of our hybrid workforce culture and positive staff morale, NHCM is implementing strategies to ensure that the team remains connected. In an effort to ensure this goal is met, the team agreed to start a book club. It serves as a canvas for us to have opportunities to discuss common interests that will allow the team to relate on a personal and professional level. Prior to the start of all staff meetings, we will spend 15 minutes or so

discussing the book. The team selected two books to read, and the first discussion will occur in the next several weeks

NHCM is preparing for the year-long process of readiness for NCQA recertification. The application will be submitted in September 2022, and the process should be completed in late 2023

**Office of Recipient Rights (Brian Newcomb):**

Our office is currently in the interview process to fill the open advisor position. Initial interviews have taken place and I am in the process of scheduling second interviews for those that scored well. We received a wide range of experience and work history within the applicant pool. My goal is to have the new advisor hired and ready to start by the middle of August. Additionally, site visits are wrapping up for FY22 and we are in the process of evaluating our monitoring forms, tracking information, and workflow to ensure the best possible inspections are being completed and documented. Lastly, we are in the final stages of preparing all the documentation for the Triennial review and will be completed with that in time for the August dates.

Current challenges for the Rights office have been a large uptick with investigations coming in over the last few weeks and the loss of an advisor has added to the workload to the existing staff creating some stressful workdays. The takeaway has been that the hard work over the past several months by the staff has put our office in a good position to absorb the extra work. By reaching the goal set at the start of FY22 to have investigations completed close to the 60-day mark has provided some much-needed extra time to maintain completion compliance. The rights office continues to meet the 100% completion rate for on time investigations.

**Intellectual Developmental Disabilities/OBRA/Specialized Residential Homes (Carrie Gray):**

**Intellectual Development Disabilities**

**Challenges:**

- Lack of resources (housing and staffing) has resulted in a decrease of AFC homes resulting in people being placed outside our catchment area
- Crisis placements are not available for I/DD individuals therefore we are experiencing an increase in emergency department boarding
- Case loads are high as we experience staffing vacancies and an increase of 5-6 consumers each week

**Successes or work in progress:**

- SIS assessments are not including youth between the ages of 16-18
- We are working with MI Independence on developing micro enterprises and respite beds
- We are working with MI Independence and Spectrum for further SIP development across our region

- We transitioned one Supported Independent programming home to only needing our Personal Emergency Response System (PERS)

## **OBRA**

### **Challenges:**

- Volume of referrals have increased
- Staffing shortage
- The state implemented a new system that is complex and not easy to use resulting in a loss of support from hospitals and community providers
- Cases awaiting evaluation is 72

### **Successes or work in progress:**

- We have an updated system for recording referrals and triaging activity
- Timeliness standards for report completion is above contractual requirements, however our goal is to improve this from the current 19 days down to 4 business days
- We are actively engaged with hospitals and community partners to receive referrals and assist in training them with a new, State, required system

## **Specialized Residential Homes:**

### **Challenges:**

We were exposed and worked through COVID-19 at 2 of our homes this past month

Staffing, while better than last year is still low at 72-75% staffing level

Increased in ORR investigations at one home

### **Successes or work in progress:**

- Beds have been full for the month
- We worked with Contract provider, RLLS to maintain staffing support in our homes
- Pearl Street Home is scheduled for a Biennial Recertification by BCAL/LARA
- All homes will be recertified between now and March 2023
- Working with ORR for training needed in some homes

## **Psychiatric Medical Services (Curtis Cummins, MD):**

### **Biggest Challenges:**

Maintaining an adequate workforce to meet the needs of our community.

### Biggest Accomplishments:

Earlier this month we onboarded two Pine Rest psychiatric resident physicians to our Cadillac and Traverse City ACT Teams for a year-long experience. This is the first group of residents as part of the new Michigan State University-Pine Rest and NLCMHA partnership alongside Munson Healthcare.

Maintaining high quality persons served care amid workforce shortage challenges and a workforce that is both in-office and remote in nature.

### **Integrative Care and Network Management (Tracy Andrews):**

#### **Network Management:**

#### **Challenges**

- We have been unsuccessful finding local providers willing to create a contract with NLCMHA given the state of uncertainty, with potential local providers noting that they will wait to see the outcome of the Grand Traverse County decision. With home closures and evictions due to staffing, this has impaired our ability to ensure that persons served are able to remain in their own communities, or even within the region. Due to the increased need for SRS options, we have expanded the Provider Network to include entities out of our region who have multiple SRS homes available for living arrangements
- Providers continue to voice concern about the uncertainty of the future of NLCMHA. They have concerns about the impact on their businesses, livelihoods, staff, and persons served should NLCMHA be dissolved. The Provider Network is at risk of losing additional Providers. Providers, who already face multiple challenges with staffing and rising costs, may no longer be able sustain the ongoing and considerable effort they are currently exerting to keep their doors open

#### **Successes**

- We continue to distribute Provider Stability. The total amount provided so far this year is \$575,668.71
- We have created additional contracts in the southern region of the state to expand the Provider Network and expect two of the individuals currently in the ED to move into homes with the new providers within the next weeks
- A closed SRS home in Houghton Lake has been offered to NLCMHA for purchase. We will be exploring options that include purchase of the home for operation, allowing us to bring people home who are out of the area, and return persons displaced from the closure of the home. Should this be a viable option for NLCMHA it will come to the Board in the future for further discussion and approval
- Preliminary discussions have begun with a Provider regarding the development of a large property designed to meet various needs of persons served (primarily those

with I/DD), including housing, CLS, support with micro enterprises, and other opportunities. I will keep you updated on any developments

### **Integrated Health Clinic (IHC)**

#### **Challenges:**

- For the second quarter in a row, IHC has seen an increase in rescheduled appointments. This quarter, IHC had 110 rescheduled by patient. This adds stress to the clinic schedule and appropriation of clinic resources
- We are limited on our ability to complete lab testing and sample collection because we do not have equipment, training, and compliance items necessary to do so

#### **Successes:**

- IHC this quarterly has more kept appointments than any other quarter this fiscal year at 463 appointments
- IHC saw a decrease in the overall no show rate to 11.7% from last quarter which was 13.2%
- Collaboration Success: IHC received a call from MDHHS child protection regarding a minor that was released from detention without psychotropic medications. An appointment was arranged that same day for IHC clinic provider to see the minor. IHC clinic staff consulted with NLCMHA psychiatrist and nursing supervisor for guidance and clinical assistance. The minor patient was seen in the clinic, medications renewed under guidance of NLCMHA psychiatrist, and IHC staff worked with nursing staff to get an initial psychiatric appointment scheduled. The efforts of IHC staff in this situation has set up this minor patient to have the best chance to remain on the path of recovery and stay out of residential setting
- IHC has ordered needed equipment and will be training appropriate staff in according with CLIA waiver standards so we can complete sample collection and lab testing
- People Served:
  - 44 new patients were added in Q3 of those all had a SMI and/or COD diagnosis.
  - 188 unduplicated individuals were services in IHC this quarter
  - 373 unduplicated individuals have received services in IHC to date (06/30/2022)
  - Total number of clinic appointments kept in Q3 was 463

### **Behavioral Health Home (BHH/CHAT Program):**

#### **Challenges**

- We continue to see an increase in inpatient medical/psychiatric hospitalization from a rate of 44.83 per 1000 enrollees to 80.21 per 1000 enrollees in Q3 (per 1000 is the measurement used by NMRE and MDHHS for performance

measures). The largest increase has been in psychiatric hospitalizations; these are 4x greater than medical admissions for this quarter

### **Successes**

- Collaboration Success: A CHAT staff was contacted by a CHAT enrollee who barricaded themselves inside an apartment and was having active delusions with a plan to protect themselves from these delusions. The enrollee was recently discharged from an inpatient stay but has not been taking medications since being home. After receiving the call, CHAT staff member reached out to the Crisis Services Team and Case manager. Working together, the three workers were able to get the individual a crisis screen, contact a trusted family member who is taking the person to the hospital, and the team was able to provide validation and empathy enough that the consumer has agreed to return to the hospital voluntarily. The coordination between the three teams enabled a crisis situation to be resolved efficiently and the person served receiving appropriate services immediately
- A CHAT enrollee noted to their provider that working with the CHAT Program has been very positive and has increased their community inclusion. It was also noted that they went to the Cherry Festival independently and has been more active in the last several months and they are less homebound. The individual and provider believe this is related to participation with the CHAT Program.
- June was our highest number of initial SALs this FY at 138. (note- three enrollees are in non-billable setting i.e., jail or nursing home - CHAT is following for 90 days to assist in transition to least restrictive setting as required by MDHHS)
- 158 unduplicated enrollees with a Service Activity Log (SAL) completed in Q3

### **Human Resources (Matt Leiter)**

#### Challenges:

- Staffing shortages for the agency, overall
- Office Space did not meet the needs for staff confidentiality

#### Successes/Updates:

- New Hires: Regular Staff: 3 and residential Care Aides (RCA): 1
- Staff exiting: Regular Staff: 1 and RCA: 1
  - Net Gain: Regular staff: 2 and RCA 0
- HR is in process of revamping our TC office space to provide a more welcoming environment for staff while also allowing better confidentiality
- HR recently attended an RCA Home Meeting to provide additional support and training. We received positive feedback since, on this, and it was very helpful as we integrate and train our new Human Resources staff in Cadillac

### **Information Technology (Dan Mauk)**

#### Information Technology Report

Over the past 2 years we have been in the process of retiring an old server that contained a large amount of unstructured data. You can think of unstructured data as the everyday files that accumulate to support the day-to-day operations. These files are distributed in countless folders with names that may have been meaningful when they were created, and they span 20 plus years of CMH operations. All of this can complicate the re-homing of this data in new locations if part of the goal is to add some structure to the files and at a minimum identify files to be archived. A good portion of the data had been relocated to our available cloud storage where we have over 340 Terabytes of storage available. What remained on this server were the bulk of files that support the Finance, Northern Health Care Team, and HR.

The server we are retiring had been improperly deployed regarding good security measures, it had a mix of file services and security services. File services require open access by nearly all staff members. File services are also the primary attack vector for compromises like Crypto lockers and viruses. If a file service can be compromised and your security resources are hosted on the same server, it dramatically increases the odds that your security resources will be compromised as well. Best practices would dictate that your security services be on dedicated servers without other roles.

To move the file migration forward the server had a catastrophic failure of the hard drive controller. This provided us with a great opportunity to test part of our disaster recovery plan, the data recovery portion. Because of the size of the data store and number of files remaining we were forced to break up the recovery. We were able to work with HR and have successfully migrated their data to a new home in our available cloud storage. The Northern Health Care and Finance data were placed in temporary internal storage areas. Our file recovery was successful, no data was lost. We still need to complete the migration of the remaining internally stored data to the cloud. To do this we need the continued support of the data owners to improve the structure of the data and identify files to be archived.

Our overall plan included re-home some of this data on new internal storage, but the installation has been delayed for over 6 months due to supply chain availability of one of the components for this new storage device. By leveraging internal temporary storage, we have put a lot of pressure on our available internal storage and place some data in an available archive storage area. This will negatively impact the access performance of this data which will be addressed when the new storage device installation is completed, current projection for that delivery is mid-August.

### **Quality, Compliance, and Customer Service (Kari Barker):**

#### **Challenges:**

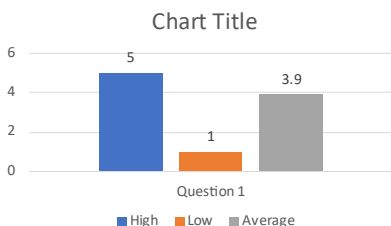
- We have several clinicians with expired licenses and are working with the individuals, HR, and the CEO to rectify those situations
- Clinical record review is 100% completed for Q3, the average score for the 12 records reviewed was 78%
- We currently have 2 open compliance investigations
- For your information we currently provide CMH services to 107 individuals who do not have Medicaid. Additionally, there are 50 individuals also being seen in the Integrated Health Clinic (IHC) and 40 in our Nursing Home services program

**Successes or work in progress:**

- We are working on the improvements outlined in the Commission on Accreditation of Rehab Facilities (CARF) Quality Improvement Plan (QIP), as well as the Northern Michigan Regional Entity (NMRE) Qualitative Review, Corrective Action Plan (CAP)
- Our exclusionary reports came back 100% clear of sanctions for the month of June.
- The NMRE is currently conducting our Q2 Medicaid Encounter Verification (MEV)
- Our Utilization Management (UM) committee met and targeted 5 priority areas to focus on (residential costs, hospitalization utilization & cost, tracking services to non-Medicaid eligible individuals, Level of Care Utilization System (LOCUS) Assessments, and Community Living Supports (CLS) utilization
- Our team will be spending some time working with the NMRE next week to prepare for our Health Services Advisory Group (HSAG) review of our credentialing process in July
- We will continue strengthening our compliance program by requesting that we engage a 3<sup>rd</sup> party to do an independent compliance/risk review and establishing a compliance budget that includes enhanced training for compliance staff
- Customer Service continues to conduct satisfaction surveys by phone for those individuals with Intellectual & Developmental Disabilities (IDD) and their families, and those who have been discharged from services, the feedback has generally been positive from both groups. Results are as follows:
- Post discharge survey (52 surveys completed)

Question 5: Overall, we are satisfied with the services we receive

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly Agree



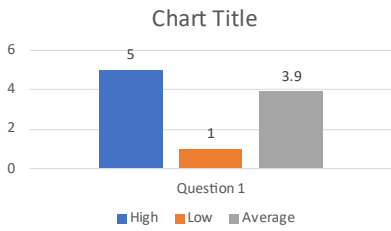
- 2 grievance, 1 Change of Provider grievance, and 1 appeal opened from completed surveys

Surveys with Individuals with I/DD/Families (10 surveys completed)



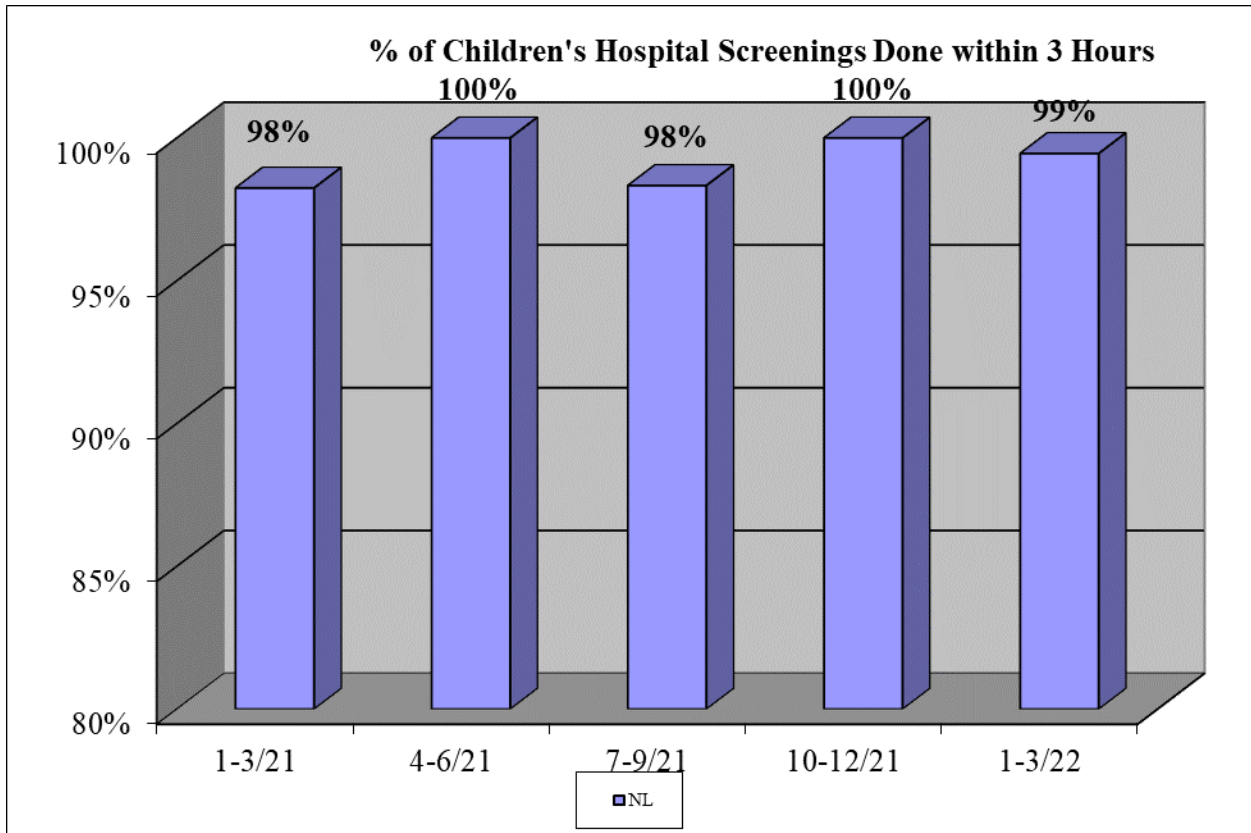
Question 5: Overall, we are satisfied with the services we receive

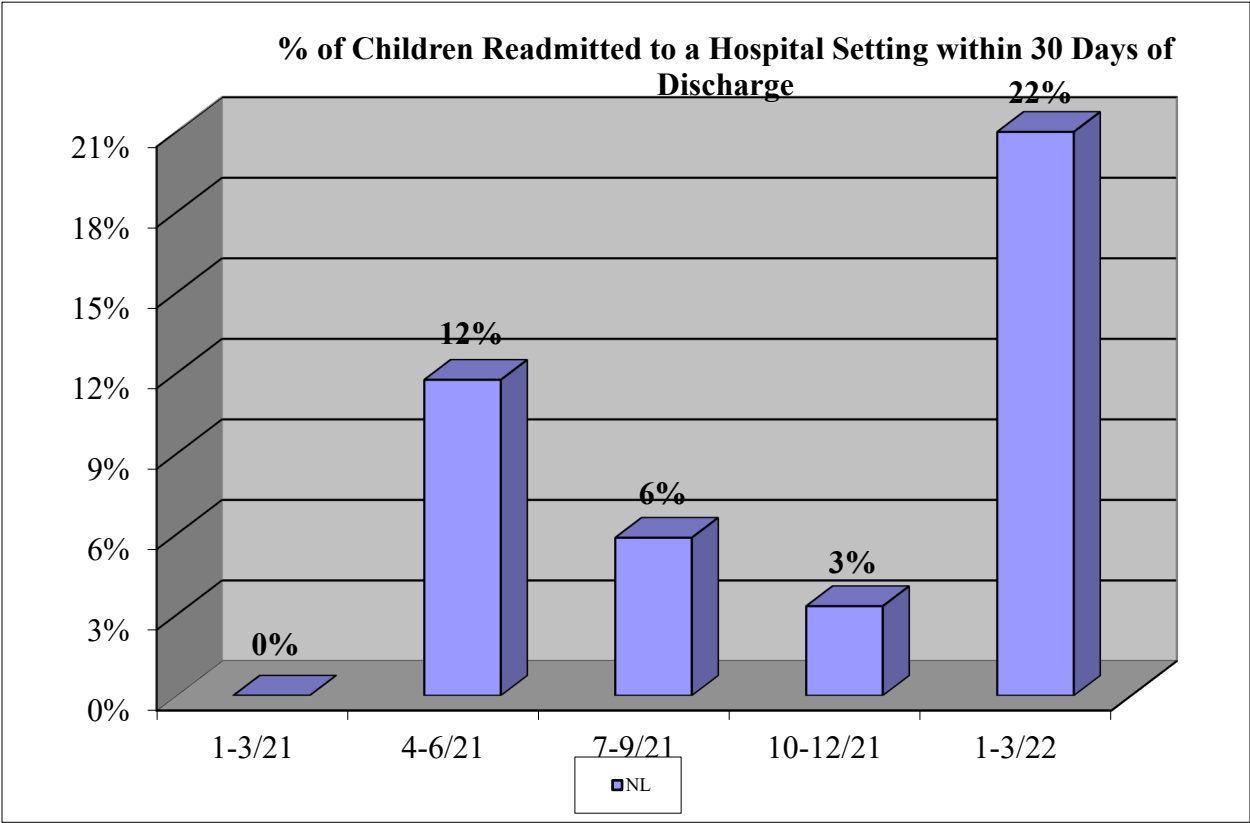
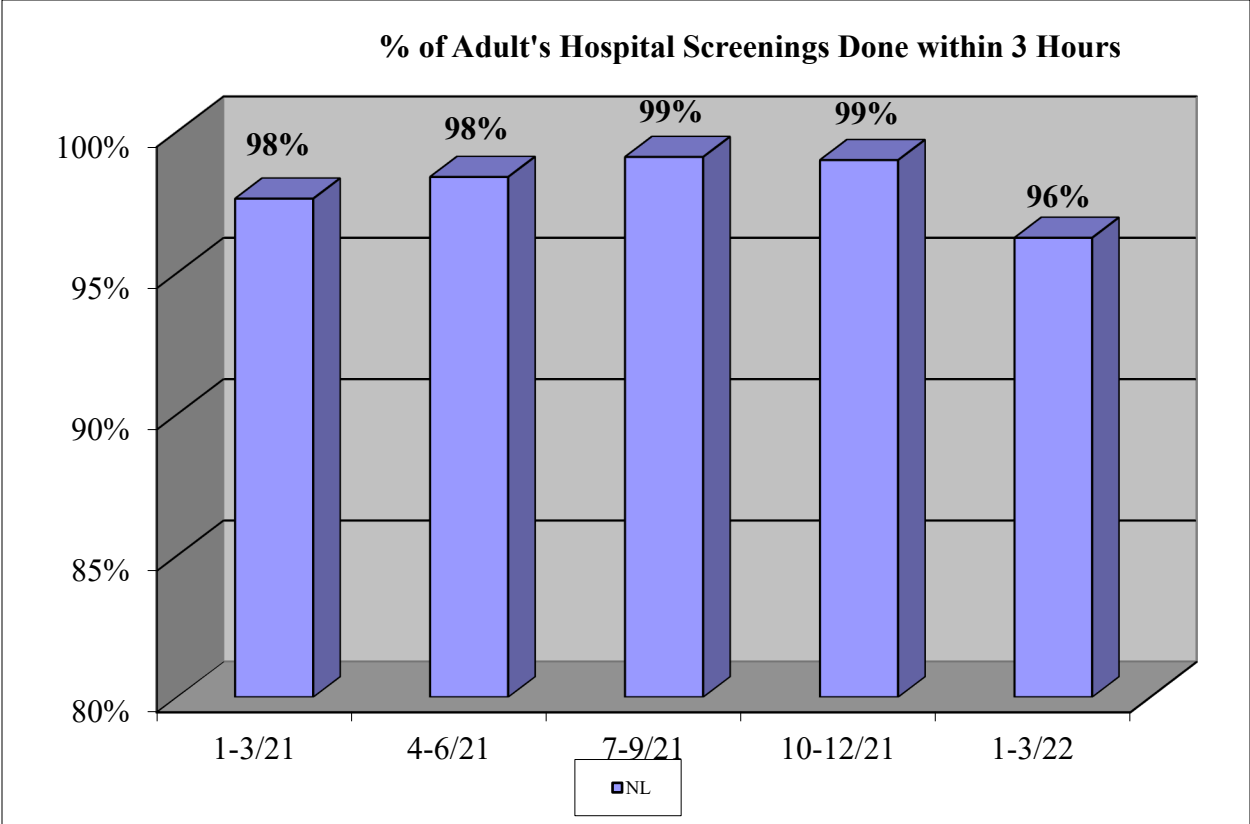
- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly Agree



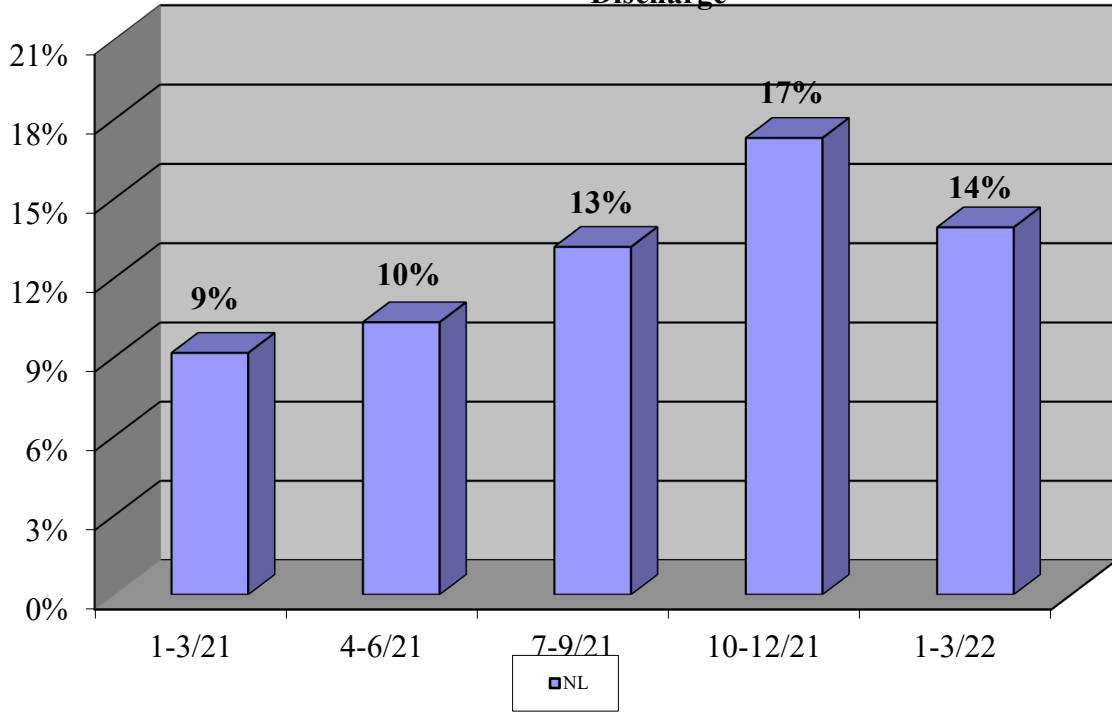
- 2 grievance, 1 Change of Provider grievance, and 1 appeal opened from completed surveys

**Performance Indicator Graphs for past 5 quarters:**

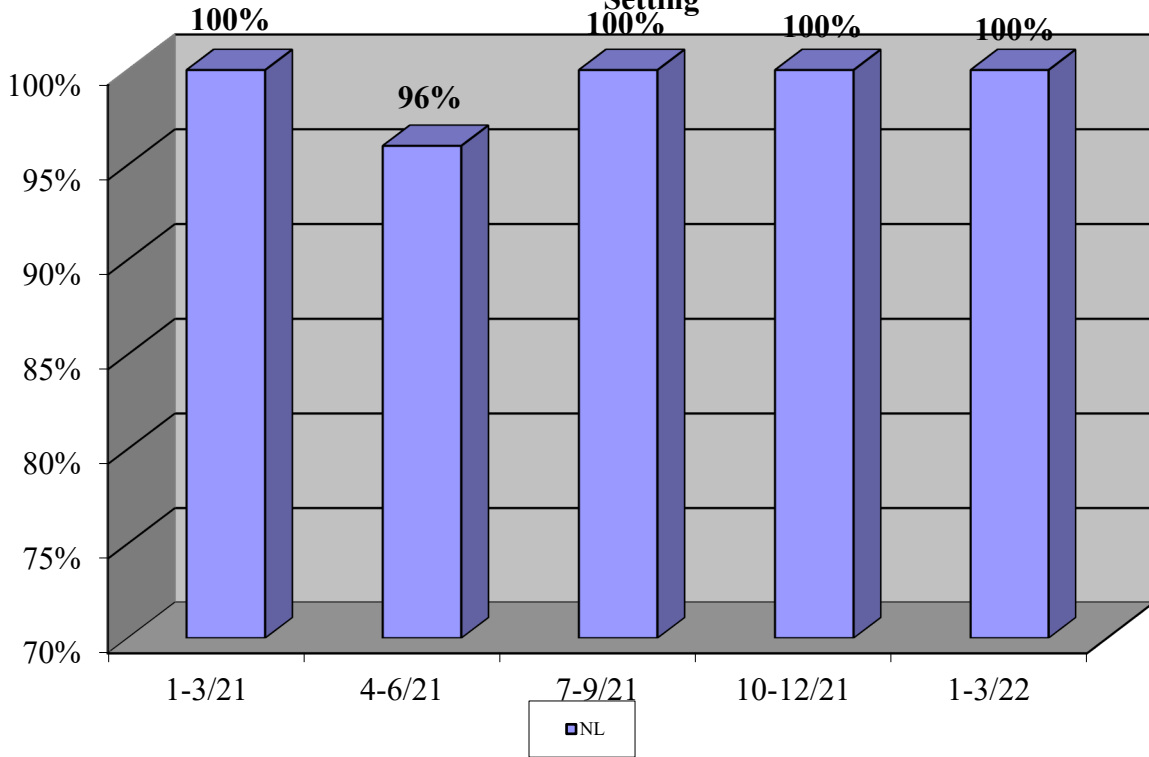


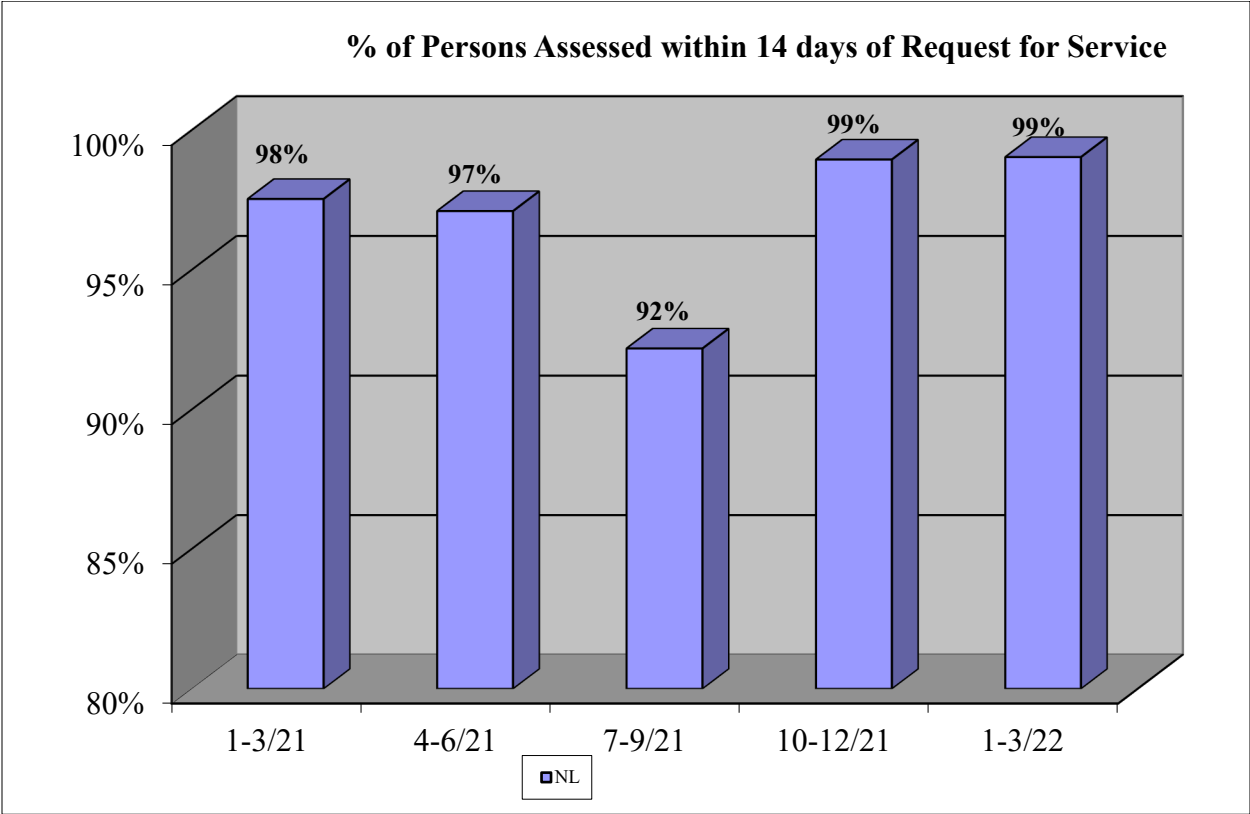
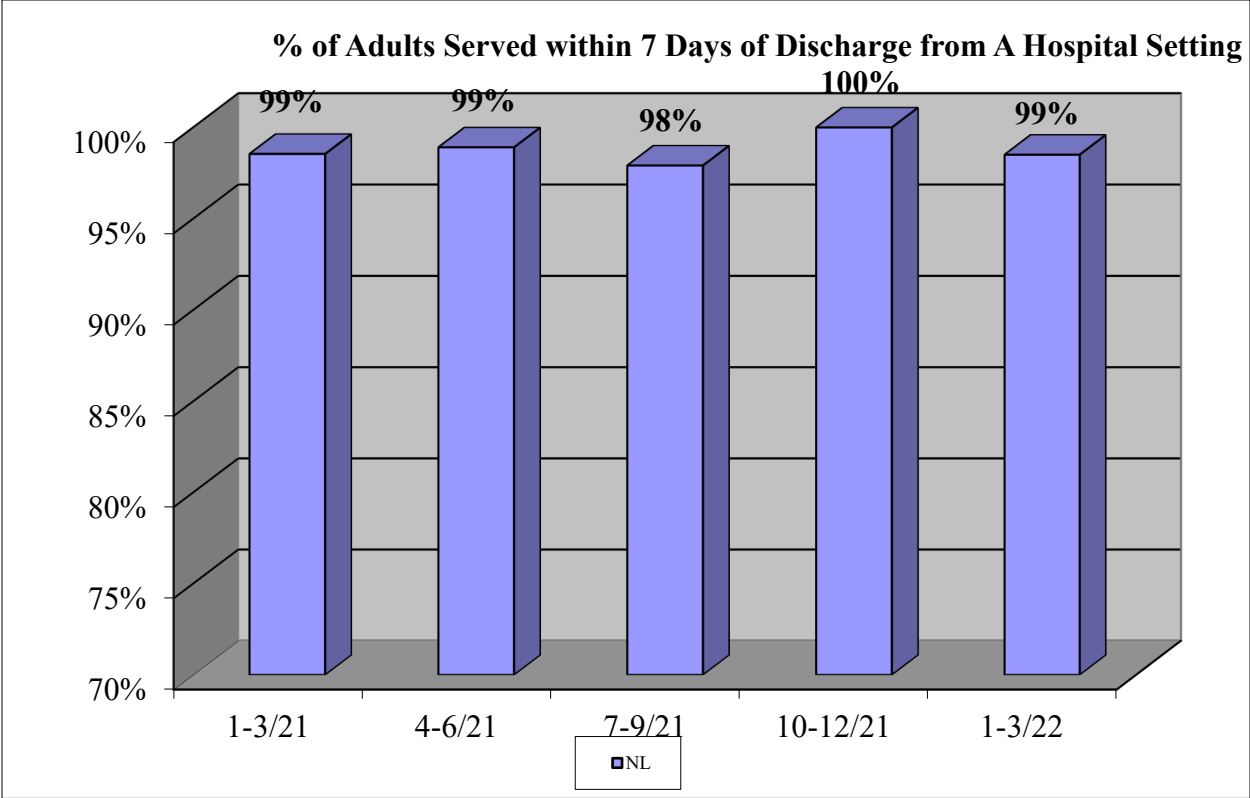


**% of Adults Readmitted to a Hospital Setting within 30 Days of Discharge**

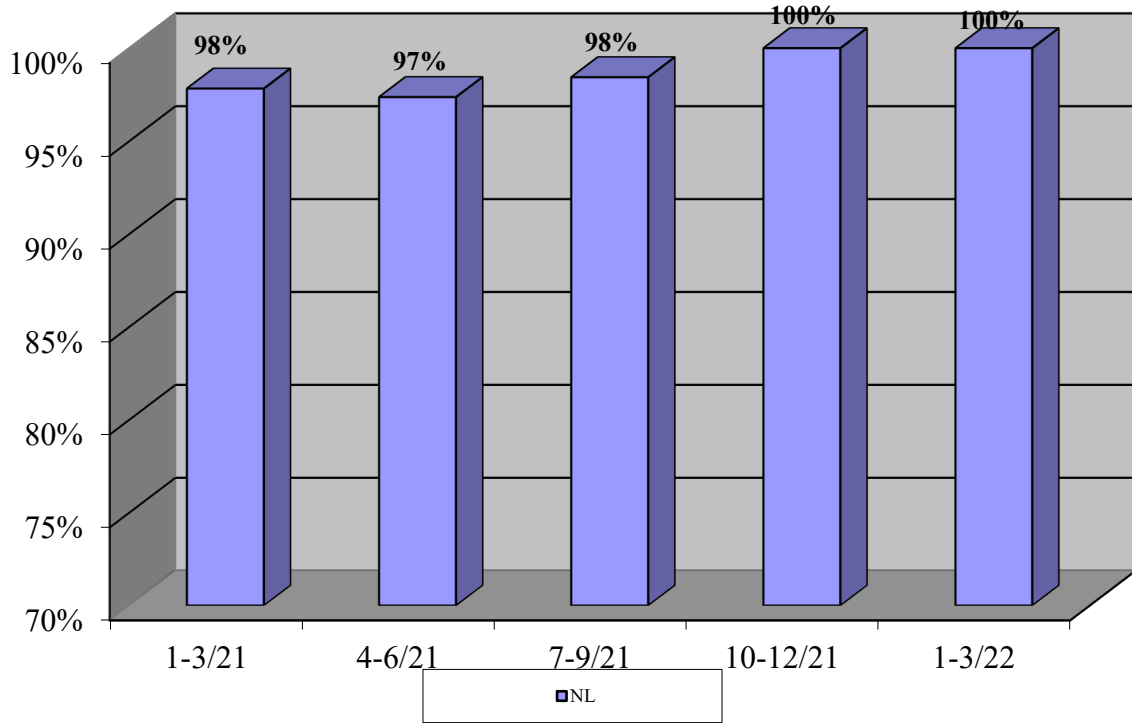


**% of Children Served within 7 Days of Discharge from A Hospital Setting**

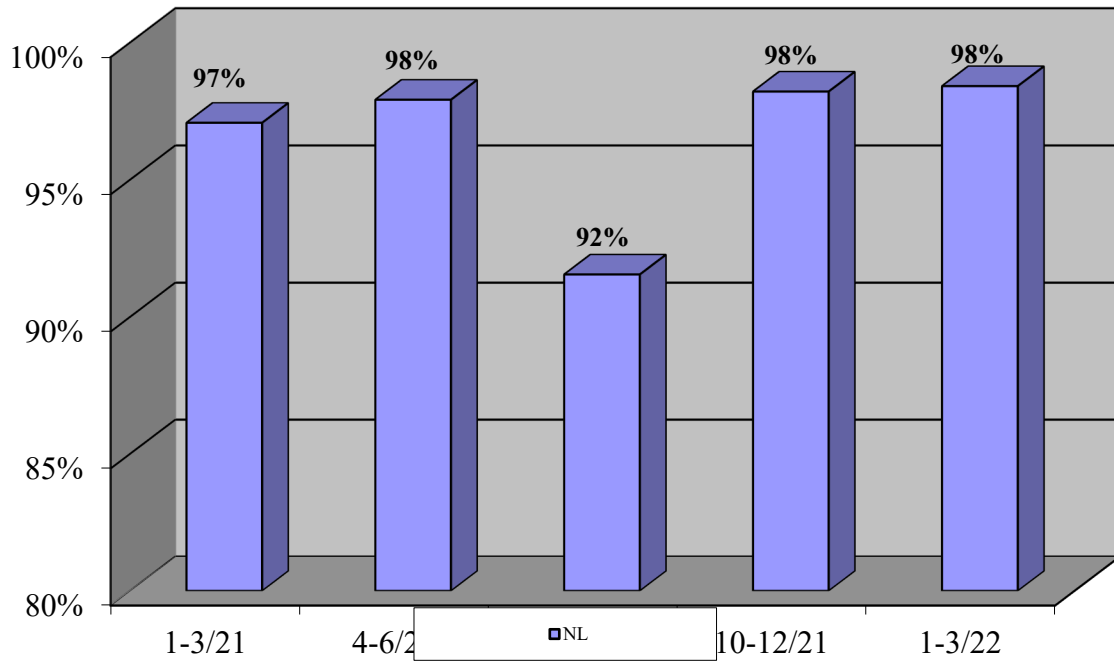


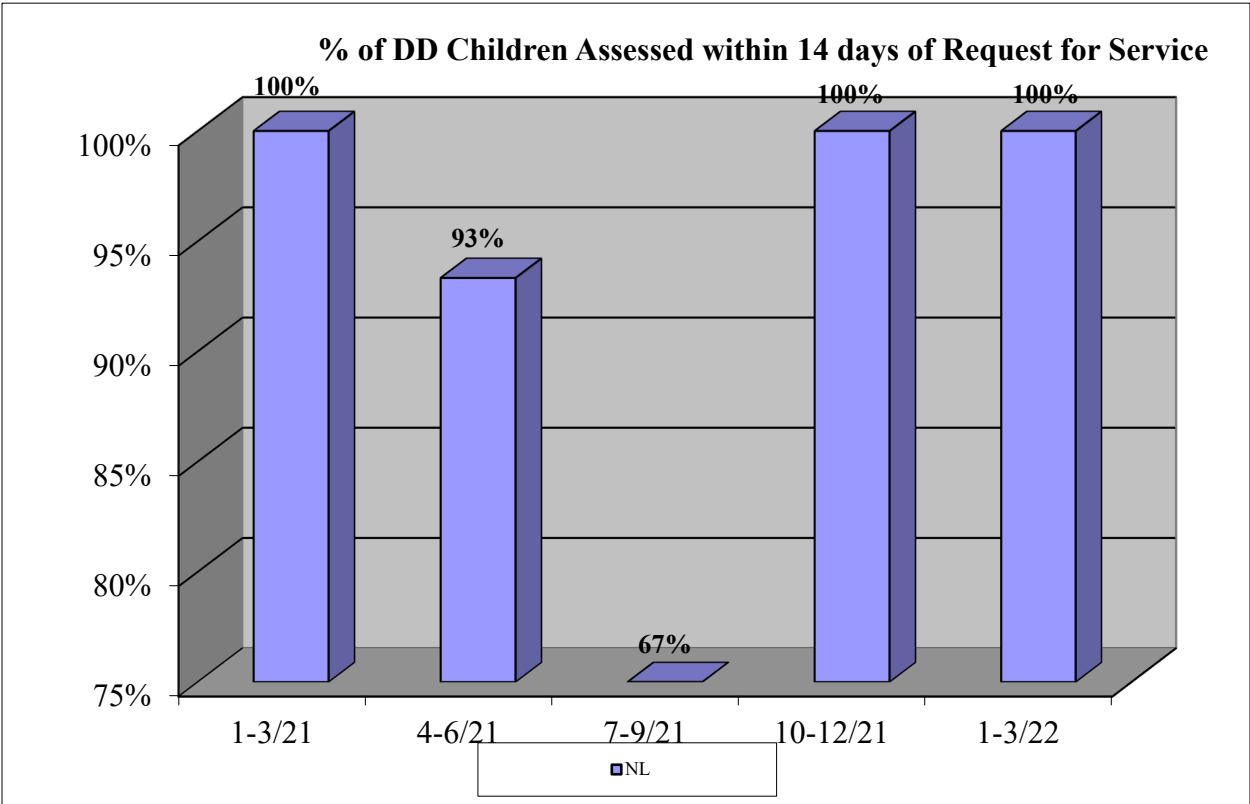
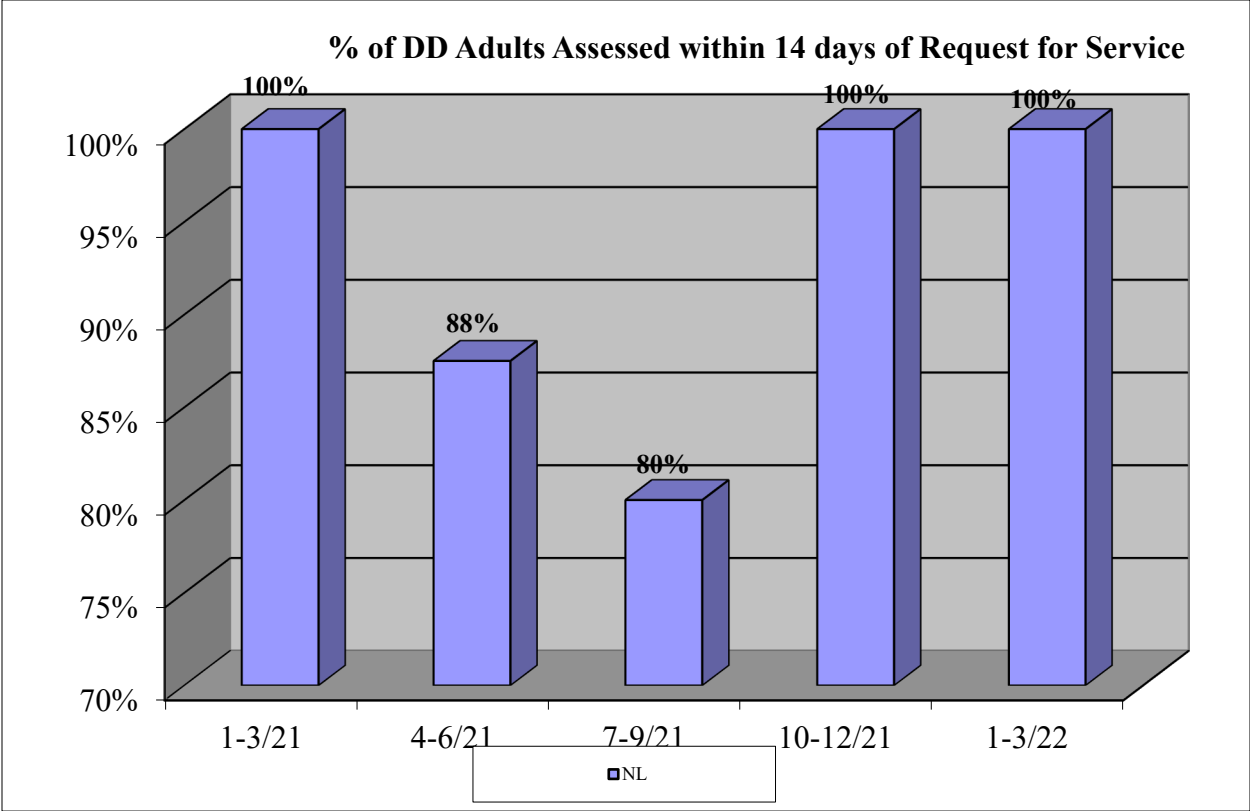


**% of MI Children Assessed within 14 days of Request for Service**

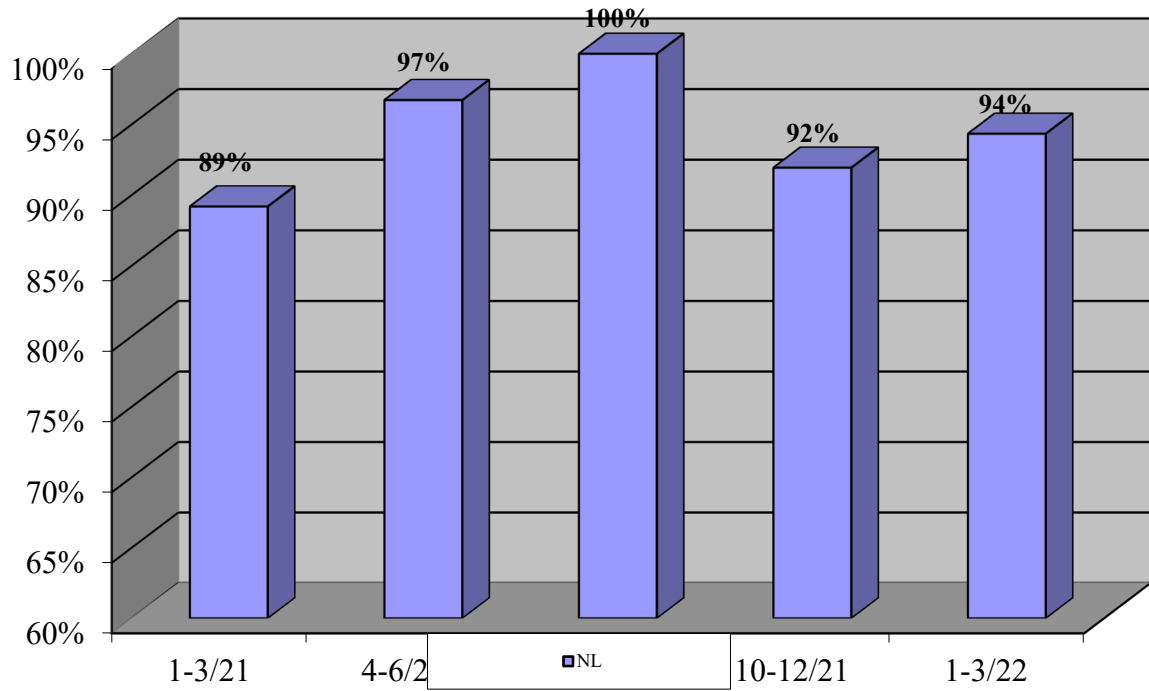


**% of MI Adults Assessed within 14 days of Request for Service**

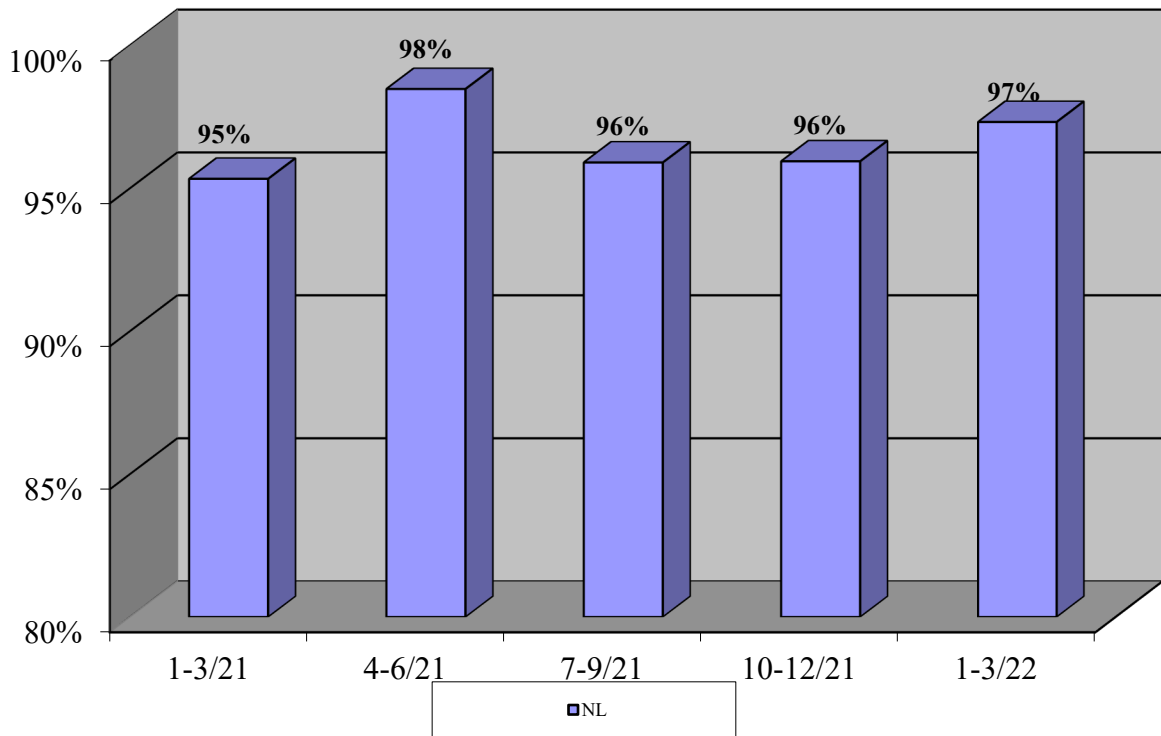




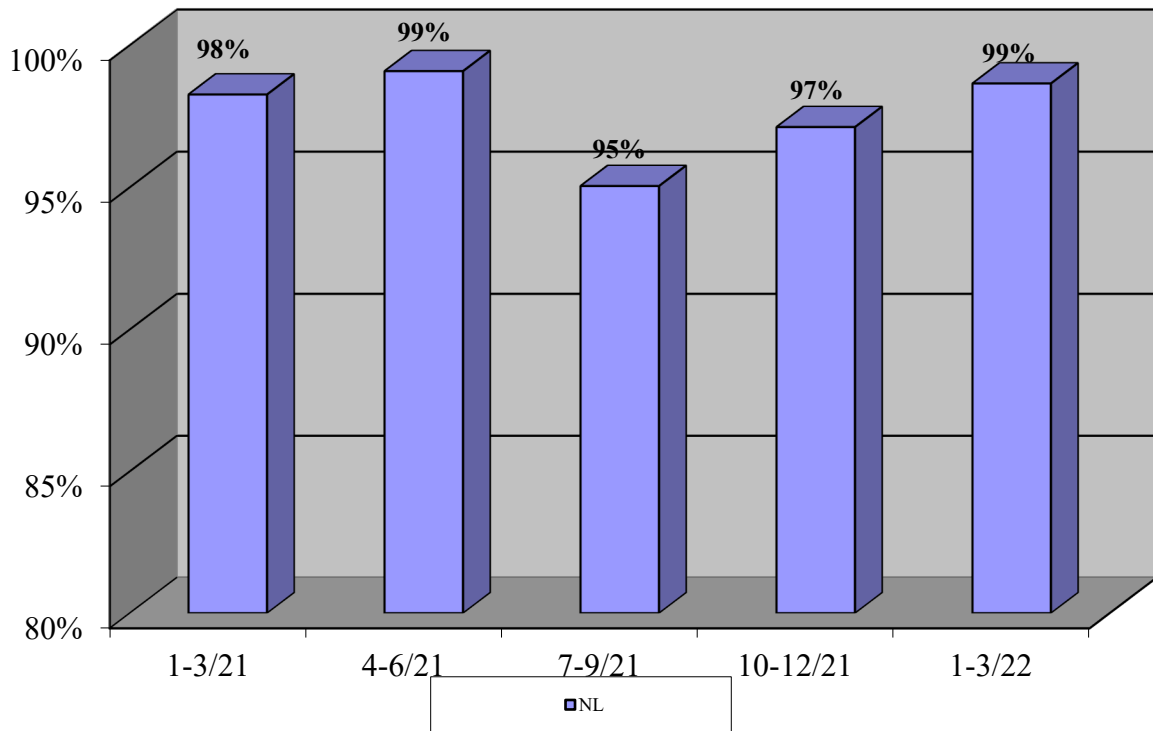
**% of MI Children Served within 14 days of Assessment**



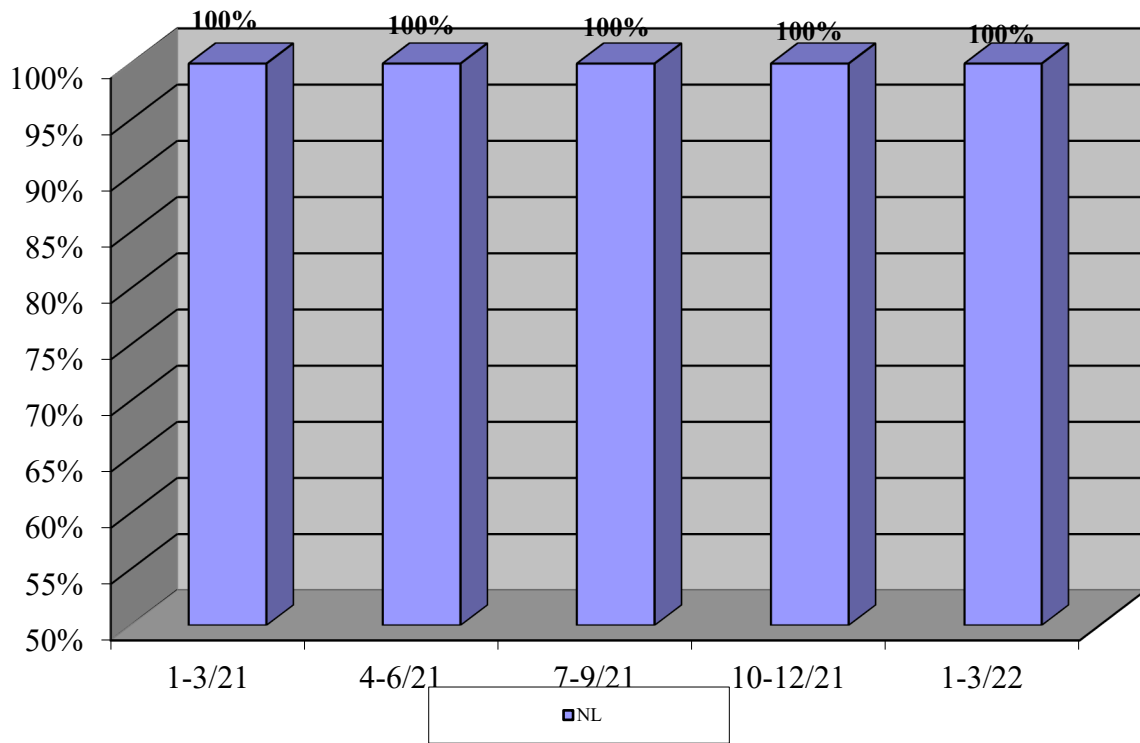
**% of Persons Served within 14 days of Assessment**



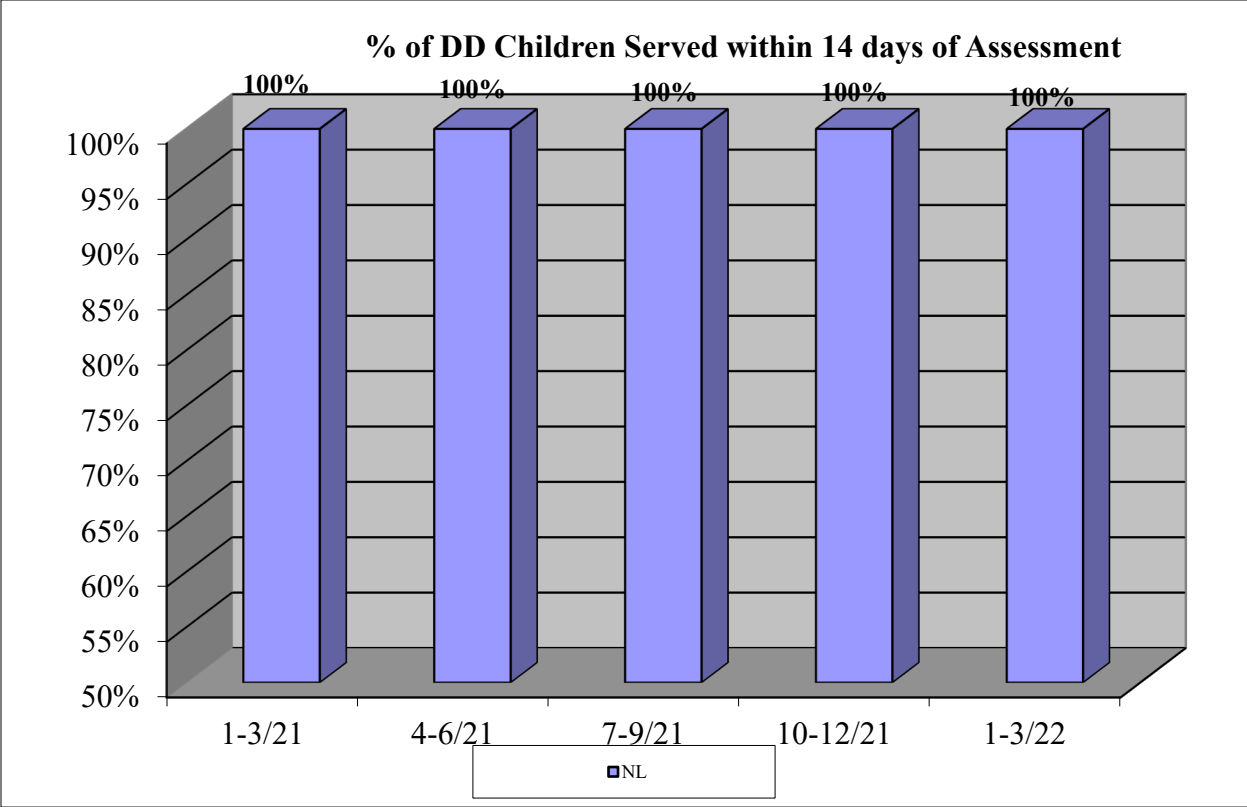
**% of MI Adults Served within 14 days of Assessment**



**% of DD Adults Served within 14 days of Assessment**







Office of Recipient Rights Director's Report  
July 2022

**Investigation Information:**

<b>Dates represented</b>	<b>10/1/19-07/12/20</b>	<b>10/1/20-07/12/21</b>	<b>10/1/21-07/12/22</b>
Complaints	428	222	450
OJ, No Right Inv.	59	37	56
Interventions	9	2	24
Investigations	362	183	371
Investigations Comp	362	183	292
Investigations open	0	0	79
Inv > 90 days	18	26	0
Inv < 90 days	344/362(95%)	157/183(85.8%)	292/292(100%)
Summary Report Avg	345/362(95.3%)	178/183(97.3%)	279/282(98.9%)
NLCMHA staff alleg.	82	44	69
NLCMHA Staff W/I 1 yr	23	5	16

**Substantiation Rate:**

	<b>Total Substantiated</b>	<b>Total Allegations Investigated</b>	<b>Substantiation Rate</b>
FY2020	309	637	49%
FY2021	172	383	45%
FY2022	185	387	48%

**NOTES**

- The State Rights Office has provided guidance on the upcoming Triennial review that only the CEO and the Recipient Rights Staff will attend the exit interview portion of the review.
- Continuing the search process to fill the open Advisor position.
- Thank you to Nicole Miller for her previous work with the Recipient Rights Advisory Committee.

Respectfully submitted,

Brian Newcomb

Director of Recipient Rights

<b>AGENCY</b>	<b>Northern Lakes CMH</b>
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**Rights Office Director:** Brian Newcomb

**Reporting Period:** 10/1/2021 to 3/31/2022

<b>CMH</b>	5703	# of Consumers Served (unduplicated count)	<b>CMH</b>	5	Rights Office FTEs
<b>LPH</b>		Number of Admissions	<b>LPH</b>		Hours/40 working in rights

### Section I: Complaint Data Summary

#### Part A: Agency Totals

Allegations	309	DO NOT TYPE HERE - IT WILL AUTO FILL
Interventions	13	DO NOT TYPE HERE - IT WILL AUTO FILL
Interventions Substantiated	9	DO NOT TYPE HERE - IT WILL AUTO FILL
Investigations	260	DO NOT TYPE HERE - IT WILL AUTO FILL
Investigations Substantiated	128	DO NOT TYPE HERE - IT WILL AUTO FILL

#### COMPLAINT SOURCE

Recipient	25	
Staff	79	
ORR	91	
Guardian/Family	13	
Anonymous	48	
Community/General Public	19	
<i>Total Complaints Received</i>	275	DO NOT TYPE HERE - IT WILL AUTO FILL

#### Part B: Summary by Category

##### Freedom from Abuse

Code	Category	Received		Investigations	Investigations Substantiated	Recipient Population		
						MI	DD	SED
7221	Abuse class I	1		1	1	1		
72221	Abuse class II - nonaccidental act	3		3	1		3	
72222	Abuse class II - unreasonable force	13		13	7	12		
72223	Abuse class II - emotional harm							
72224	Abuse class II - treating as incompetent							
72225	Abuse class II - exploitation	1		1	0			
7223	Abuse - class III	23		23	6	7	10	
7224	Abuse class I - sexual abuse	1		1	0		1	

##### Freedom from Neglect

Code	Category	Received		Investigations	Investigations Substantiated	Recipient Population		
						MI	DD	SED
72251	Neglect class I	2		2	1		2	
72252	Neglect class I - failure to report							
72261	Neglect class II	3		3	1		3	
72262	Neglect class II - failure to report	2		2	1		2	
72271	Neglect class III	35		35	23		16	
72272	Neglect class III - failure to report	16		16	13	3	5	

### Rights Protection System

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	Notice/explanation of rights	0							
7520	Failure to report	1			1				1
7545	Retaliation/harassment								
7760	Access to rights system	1			1	1			
7780	Complaint investigation process								
7840	Appeal process								

### Admission/Discharge/Second Opinion

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	Second opinion - denial of hospitalization								
4190	Termination of voluntary hospitalization (adult)								
4510	admission process								
4630	Independent clinical examination								
4980	Objection to hospitalization (minor)								
7050	Second opinion - denial of services								

### Civil Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	Civil rights: discrimination, accessibility, accommodation, etc	1			1	0			1
7044	Religious practice								
7045	Voting								
7047	Presumption of competency								
7284	Search/seizure								

### Family Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	Family dignity and respect	11			11	8	1	8	2
7112	Receipt of general education information								
7113	Opportunity to provide information								

### Communication and Visits

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	Visits								
7262	Contact with attorneys or others regarding legal matters								
7263	Access to telephone, mail	2	1		1	1			
7264	Funds for postage, stationery, telephone usage								
7265	Written and posted limitations, if established								
7266	Uncensored mail								

### Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	Disclosure of confidential information	12	5	4	7	5	7	2	1
7485	Withholding of information (includes recipient access to records)								
7486	Correction of record								
7487	Access by p & a to records								
7501	Privileged communication								

### Treatment Environment

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	Safe environment	1			1	0			
7082	Sanitary/humane environment	9	1	1	8	2	1	3	
7086	Least restrictive setting	11	2	1	9	1	2	8	

### Freedom of Movement

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	Restrictions/limitations	6			6	1	1	4	
7400	Restraint								
7420	Seclusion								

### Financial Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	Safeguarding money								
7302	Facility account								
7303	Easy access to money in account								
7304	Ability to spend or use as desired								
7305	Delivery of money upon release								
7360	Labor & Compensation								

### Personal Property

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	Access to entertainment materials, information, news								
7281	Possession and use								
7282	Storage space								
7283	Inspection at reasonable times								
7285	Exclusions								
7286	Limitations								
7287	Receipts to recipient and to designated individual								
7288	Waiver								
7289	Protection								

**Suitable Services**

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	Dignity and Respect	35	1	1	34	16	1	12	15
7003	Informed consent	1			1	1			1
7029	Information on family planning								
7049	Treatment by spiritual means								
7080	Mental health services suited to condition	78	3	2	75	37	20	46	1
7100	Physical and mental exams								
7130	Choice of physician/mental health professional								
7140	Notice of clinical status/progress								
7150	Services of mental health professional								
7160	Surgery								
7170	Electro convulsive therapy (ECT)								
7180	Psychotropic drugs								
7190	Notice of medication side effects								

**Treatment Planning**

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	Person-centered process	3			3	1	3		
7122	Timely development								
7123	Requests for review	1			1	0	1		
7124	Participation by individual(s) of choice								
7125	Assessment of needs								

**Photographs, Fingerprints, Audiotapes, One-way Glass**

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	Prior consent								
7242	Identification								
7243	Objection								
7244	Release to others/return								
7245	Storage/destruction								

<b>TOTALS</b>		<b>273</b>	<b>13</b>	<b>9</b>	<b>260</b>	<b>128</b>	<b>60</b>	<b>125</b>	<b>22</b>
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**No Right Involved**

Code	Category	Received
0000	No Right Involved	14

**Outside Provider Jurisdiction**

Code	Category	Received
0001	Outside provider jurisdiction	22

**Section II: Substantiation data:**

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SED- W	DD- CWP	HSW
72271	Residential MI/DD	Training	Policy Revision/Development	0	1	0			1
7080	Residential MI	Policy Revision/Development		0	1	0			1
7111	Outpatient	Verbal Counseling		0	1	0			
7082	Residential DD	Training							
1708	SIP	Employee left the agency, but substantiated							
1708	Residential MI/DD	Employee left the agency, but substantiated		1	0	0			
7111	Residential MI/DD	Verbal Counseling		0	1	0			1
7111	Residential MI/DD	Verbal Counseling		0	1	0			
1708	Residential MI/DD	Verbal Counseling		1	0	0			
7080	Residential MI/DD	Policy Revision/Development		0	1	0			
7111	Residential MI/DD	Written Counseling		0	1	0			1
72221	Residential MI/DD	Employment Termination		0	1	0			1
1708	SIP	Verbal Counseling		0	1	0			1
7080	Residential MI/DD	Verbal Reprimand		1	0	0			
7080	Residential MI/DD	Verbal Counseling							

7080	Residential MI/DD	Policy Revision/Development		0	1	0			1	
7263	Residential MI/DD	Employee left the agency, but substantiated								
72222	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1	
1708	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1	
1708	Residential MI/DD	Employee left the agency, but substantiated								
1708	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1	
7080	Residential MI/DD	Verbal Counseling		0	1	0			1	
7080	Residential MI	Verbal Counseling		1	0	0				
1708	SIP	Verbal Counseling	Staff Transfer	0	1	0			1	
7223	Residential MI/DD	Written Reprimand	Training	0	1	0			1	
7223	Residential MI/DD	Written Reprimand	Training	0	1	0			1	
1708	Supported Employment	Employee left the agency, but substantiated		0	1	0				
72271	Residential DD	Verbal Counseling	Other							
7224	Day Program DD	Employee left the agency, but substantiated		0	1	0			1	
72271	Residential MI/DD	Written Reprimand	Suspension							
72272	Residential MI/DD	Written Reprimand	Training	1	0	0				
72272	Residential MI/DD	Written Reprimand	Training	1	0	0				



72272	Residential MI/DD	Written Reprimand	Training	1	0	0				
7080	SIP	Verbal Counseling		0	1	0			1	
72271	Residential MI/DD	Written Reprimand	Verbal Counseling							
72271	Residential MI/DD	Employee left the agency, but substantiated								
7481	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1	
1708	Residential MI/DD	Employee left the agency, but substantiated		1	0	0				
72272	Residential MI/DD	Training	Written Counseling							
72272	Residential MI/DD	Written Reprimand	Training							
72222	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1	
72222	Residential MI/DD	Employment Termination		0	1	0			1	
1708	Residential MI/DD	Employment Termination		0	1	0			1	
1708	Residential MI/DD	Employment Termination		0	1	0			1	
72272	Residential DD	Suspension								
72271	Residential MI/DD	Training	Written Reprimand							
7080	Residential MI/DD	Verbal Counseling		0	1	0			1	
1708	Residential MI/DD	Verbal Counseling								
1708	Residential MI/DD	Employee left the agency, but substantiated								
72222	Residential MI/DD	Training	Written Reprimand	0	1	0			1	

72271	Residential DD	Other	Suspension						
7080	SIP	Employee left the agency, but substantiated		0	1	0			1
7080	Residential MI/DD	Written Reprimand	Training	1	0	0			
7080	Case Management	Verbal Counseling		1	0	0			
7080	Residential DD	Employee left the agency, but substantiated							
7080	Outpatient	Written Counseling		1	0	0			
72272	Residential MI/DD	Employee left the agency, but substantiated							
7080	Residential MI/DD	Employee left the agency, but substantiated							
7080	Residential MI/DD	Written Reprimand	Training						
7080	Residential MI/DD	Written Reprimand	Training						
7080	Residential MI/DD	Employee left the agency, but substantiated							
7080	Residential MI/DD	Written Reprimand	Training						
7080	Residential MI/DD	Written Reprimand	Training						
7080	Residential MI/DD	Policy Revision/Development		0	1	0			1
7080	Residential MI/DD	Written Reprimand	Training						
7221	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
72222	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
72271	Residential MI/DD	Employee left the agency, but substantiated							

72222	Residential DD	Staff Transfer	Training	0	1	0			1
7223	Residential DD	Other		0	1	0			1
72271	Residential DD	Other		0	1	0			1
72271	Residential DD	Employment Termination		0	1	0			1
72271	Residential DD	Employment Termination		0	1	0			1
72271	Residential MI/DD	Verbal Counseling	Training	0	1	0			1
7481	Other	Verbal Counseling		1	0	0			
7080	Residential MI/DD	Verbal Counseling	Training	0	1	0			1
7086	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
1708	Residential MI/DD	Training	Written Reprimand	1	0	0			
7223	Residential MI/DD	Training	Written Reprimand	1	0	0			
72271	Residential MI/DD	Written Reprimand		0	1	0			1
7080	Residential MI/DD	Training		0	1	0			1
7080	Residential MI/DD	Verbal Counseling		0	1	0			1
72271	Residential MI/DD	Written Reprimand	Staff Transfer						
7080	Residential MI/DD	Written Reprimand	Training						
72271	Residential MI/DD	Verbal Counseling	Staff Transfer						
7080	Residential MI/DD	Training		0	1	0			

72271	Residential MI/DD	Employment Termination							
1708	Residential MI/DD	Employee left the agency, but substantiated							
72222	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
72271	Residential MI/DD	Employee left the agency, but substantiated							
7082	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1
72271	Residential MI/DD	Employee left the agency, but substantiated							
72251	Residential DD	Written Reprimand	Other	0	1	0			1
72272	Residential MI/DD	Employee left the agency, but substantiated							
72272	Residential MI/DD	Written Reprimand	Training	0	1	0			1
7080	Residential MI/DD	Pending		0	1	0			
72271	Residential MI/DD	Pending		0	1	0			
7111	Case Management	Written Reprimand	Other	0	1	0			1
7080	Residential MI/DD	Verbal Counseling		0	1	0			
7481	Day Program MI	Verbal Counseling		1	0	0			
7481	Day Program MI	Verbal Counseling		1	0	0			
72271	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
7080	Case Management	Pending		1	0	0			
7080	Case Management	Pending		1	0	0			

7080	Case Management	Pending		1	0	0			
7080	Case Management	Pending		1	0	0			
7003	Supported Employment	Training		0	1	0			
72272	Residential MI/DD	Employee left the agency, but substantiated							
7086	Residential MI/DD	Verbal Counseling		0	1	0			
72272	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1
72262	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
7223	Residential MI/DD	Employee left the agency, but substantiated		1	0	0			
7111	Other	Verbal Counseling	Training	0	0	1			
7481	Day Program DD	Employee left the agency, but substantiated							
72271	Residential MI/DD	Employment Termination							
7223	Residential MI/DD	Employee left the agency, but substantiated	Written Reprimand	0	1	0			1
72271	Residential MI/DD	Employment Termination		0	1	0			1
72272	Residential MI/DD	Employment Termination		0	1	0			1
72271	Residential MI/DD	Verbal Counseling	Training	0	1	0			1
72272	Residential MI/DD	Written Reprimand		0	1	0			1
7481	ACT	Verbal Counseling		1	0	0			
7080	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1

7080	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1
7441	Residential MI/DD	Pending		1	0	0			
7082	Residential MI/DD	Environmental Repair/Enhancement							
7481	Case Management	Verbal Counseling	Training	1	0	0			
7481	Outpatient	Written Reprimand	Training	0	0	1			
7481	Residential MI/DD	Verbal Counseling	Training	1	0	0			
7111	Other	Written Reprimand	Verbal Counseling	1	0	0			
7080	Case Management	Written Counseling		1	0	0			
7080	Case Management	Written Counseling	Policy Revision/Development	0	1	0			
7080	Case Management	Written Counseling	Policy Revision/Development	0	1	0			
7121	Case Management	Written Counseling		1	0	0			
72261	Residential MI/DD	Written Reprimand		0	1	0			1
1708	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
7080	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			

**Section II: Substantiation data:**

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SED-W	DD-CWP	HSW
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72271	Residential MI/DD	Training	Policy Revision/Development	0	1	0			1	
7080	Residential MI	Policy Revision/Development		0	1	0			1	
7111	Outpatient	Verbal Counseling		0	1	0				
7082	Residential DD	Training								
1708	SIP	Employee left the agency, but substantiated								
1708	Residential MI/DD	Employee left the agency, but substantiated		1	0	0				
7111	Residential MI/DD	Verbal Counseling		0	1	0			1	
7111	Residential MI/DD	Verbal Counseling		0	1	0				
1708	Residential MI/DD	Verbal Counseling		1	0	0				
7080	Residential MI/DD	Policy Revision/Development		0	1	0				
7111	Residential MI/DD	Written Counseling		0	1	0			1	
72221	Residential MI/DD	Employment Termination		0	1	0			1	
1708	SIP	Verbal Counseling		0	1	0			1	
7080	Residential MI/DD	Verbal Reprimand		1	0	0				
7080	Residential MI/DD	Verbal Counseling								
7080	Residential MI/DD	Policy Revision/Development		0	1	0			1	
7263	Residential MI/DD	Employee left the agency, but substantiated								
72222	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1	

1708	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1	
1708	Residential MI/DD	Employee left the agency, but substantiated								
1708	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1	
7080	Residential MI/DD	Verbal Counseling		0	1	0			1	
7080	Residential MI	Verbal Counseling		1	0	0				
1708	SIP	Verbal Counseling	Staff Transfer	0	1	0			1	
7223	Residential MI/DD	Written Reprimand	Training	0	1	0			1	
7223	Residential MI/DD	Written Reprimand	Training	0	1	0			1	
1708	Supported Employment	Employee left the agency, but substantiated		0	1	0				
72271	Residential DD	Verbal Counseling	Other							
7224	Day Program DD	Employee left the agency, but substantiated		0	1	0			1	
72271	Residential MI/DD	Written Reprimand	Suspension							
72272	Residential MI/DD	Written Reprimand	Training	1	0	0				
72272	Residential MI/DD	Written Reprimand	Training	1	0	0				
72272	Residential MI/DD	Written Reprimand	Training	1	0	0				
7080	SIP	Verbal Counseling		0	1	0			1	
72271	Residential MI/DD	Written Reprimand	Verbal Counseling							
72271	Residential MI/DD	Employee left the agency, but substantiated								



7481	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1	
1708	Residential MI/DD	Employee left the agency, but substantiated		1	0	0				
72272	Residential MI/DD	Training	Written Counseling							
72272	Residential MI/DD	Written Reprimand	Training							
72222	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1	
72222	Residential MI/DD	Employment Termination		0	1	0			1	
1708	Residential MI/DD	Employment Termination		0	1	0			1	
1708	Residential MI/DD	Employment Termination		0	1	0			1	
72272	Residential DD	Suspension								
72271	Residential MI/DD	Training	Written Reprimand							
7080	Residential MI/DD	Verbal Counseling		0	1	0			1	
1708	Residential MI/DD	Verbal Counseling								
1708	Residential MI/DD	Employee left the agency, but substantiated								
72222	Residential MI/DD	Training	Written Reprimand	0	1	0			1	
72271	Residential DD	Other	Suspension							
7080	SIP	Employee left the agency, but substantiated		0	1	0			1	
7080	Residential MI/DD	Written Reprimand	Training	1	0	0				
7080	Case Management	Verbal Counseling		1	0	0				

7080	Residential DD	Employee left the agency, but substantiated						
7080	Outpatient	Written Counseling		1	0	0		
72272	Residential MI/DD	Employee left the agency, but substantiated						
7080	Residential MI/DD	Employee left the agency, but substantiated						
7080	Residential MI/DD	Written Reprimand	Training					
7080	Residential MI/DD	Written Reprimand	Training					
7080	Residential MI/DD	Employee left the agency, but substantiated						
7080	Residential MI/DD	Written Reprimand	Training					
7080	Residential MI/DD	Written Reprimand	Training					
7080	Residential MI/DD	Policy Revision/Development		0	1	0		1
7080	Residential MI/DD	Written Reprimand	Training					
7221	Residential MI/DD	Employee left the agency, but substantiated		0	1	0		
72222	Residential MI/DD	Employee left the agency, but substantiated		0	1	0		
72271	Residential MI/DD	Employee left the agency, but substantiated						
72222	Residential DD	Staff Transfer	Training	0	1	0		1
7223	Residential DD	Other		0	1	0		1
72271	Residential DD	Other		0	1	0		1
72271	Residential DD	Employment Termination		0	1	0		1

72271	Residential DD	Employment Termination		0	1	0			1
72271	Residential MI/DD	Verbal Counseling	Training	0	1	0			1
7481	Other	Verbal Counseling		1	0	0			
7080	Residential MI/DD	Verbal Counseling	Training	0	1	0			1
7086	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
1708	Residential MI/DD	Training	Written Reprimand	1	0	0			
7223	Residential MI/DD	Training	Written Reprimand	1	0	0			
72271	Residential MI/DD	Written Reprimand		0	1	0			1
7080	Residential MI/DD	Training		0	1	0			1
7080	Residential MI/DD	Verbal Counseling		0	1	0			1
72271	Residential MI/DD	Written Reprimand	Staff Transfer						
7080	Residential MI/DD	Written Reprimand	Training						
72271	Residential MI/DD	Verbal Counseling	Staff Transfer						
7080	Residential MI/DD	Training		0	1	0			
72271	Residential MI/DD	Employment Termination							
1708	Residential MI/DD	Employee left the agency, but substantiated							
72222	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
72271	Residential MI/DD	Employee left the agency, but substantiated							

7082	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1
72271	Residential MI/DD	Employee left the agency, but substantiated							
72251	Residential DD	Written Reprimand	Other	0	1	0			1
72272	Residential MI/DD	Employee left the agency, but substantiated							
72272	Residential MI/DD	Written Reprimand	Training	0	1	0			1
7080	Residential MI/DD	Pending		0	1	0			
72271	Residential MI/DD	Pending		0	1	0			
7111	Case Management	Written Reprimand	Other	0	1	0			1
7080	Residential MI/DD	Verbal Counseling		0	1	0			
7481	Day Program MI	Verbal Counseling		1	0	0			
7481	Day Program MI	Verbal Counseling		1	0	0			
72271	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
7080	Case Management	Pending		1	0	0			
7080	Case Management	Pending		1	0	0			
7080	Case Management	Pending		1	0	0			
7080	Case Management	Pending		1	0	0			
7003	Supported Employment	Training		0	1	0			
72272	Residential MI/DD	Employee left the agency, but substantiated							

7086	Residential MI/DD	Verbal Counseling		0	1	0			
72272	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1
72262	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
7223	Residential MI/DD	Employee left the agency, but substantiated		1	0	0			
7111	Other	Verbal Counseling	Training	0	0	1			
7481	Day Program DD	Employee left the agency, but substantiated							
72271	Residential MI/DD	Employment Termination							
7223	Residential MI/DD	Employee left the agency, but substantiated	Written Reprimand	0	1	0			1
72271	Residential MI/DD	Employment Termination		0	1	0			1
72272	Residential MI/DD	Employment Termination		0	1	0			1
72271	Residential MI/DD	Verbal Counseling	Training	0	1	0			1
72272	Residential MI/DD	Written Reprimand		0	1	0			1
7481	ACT	Verbal Counseling		1	0	0			
7080	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1
7080	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			1
7441	Residential MI/DD	Pending		1	0	0			
7082	Residential MI/DD	Environmental Repair/Enhancement							

7481	Case Management	Verbal Counseling	Training	1	0	0			
7481	Outpatient	Written Reprimand	Training	0	0	1			
7481	Residential MI/DD	Verbal Counseling	Training	1	0	0			
7111	Other	Written Reprimand	Verbal Counseling	1	0	0			
7080	Case Management	Written Counseling		1	0	0			
7080	Case Management	Written Counseling	Policy Revision/Development	0	1	0			
7080	Case Management	Written Counseling	Policy Revision/Development	0	1	0			
7121	Case Management	Written Counseling		1	0	0			
72261	Residential MI/DD	Written Reprimand		0	1	0			1
1708	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			
7080	Residential MI/DD	Employee left the agency, but substantiated		0	1	0			

<b>REMEDIATION TOTALS</b>	
Contract Action	30
Demotion	7
Employee left the agency, but substantiated	1
Employment Termination	29
Environmental Repair/Enhancement	3
Other	0
Pending	4
Plan of Service Revision	32
Policy Revision/Development	10
Recipient Transfer to Another Provider/Site	40
Staff Transfer	0
Suspension	7
Training	1
Verbal Counseling	0
Verbal Reprimand	0

Written Counseling	6
Written Reprimand	7
None	0
<b>POPULATION TOTALS</b>	
MI	28
DD	68
SED	2
SED-W	0
DD-CWP	0
HSW	48
<b>PROVIDER TOTALS</b>	
ACT	0
Case Management	2



Children's Foster Care	11
Clubhouse/Drop-in Center	0
Crisis Center	0
Day Program DD	2
Day Program MI	2
Inpatient	0
Other	2
Out Patient	1
Partial Hospitalization	11
Psychosocial Rehabilitation	0
Residential DD	0
Residential MI	5
Residential MI & DD	0
Respite Homes	0
SIP	0
Supported Employment	0
Workshop (prevocational)	3

Population	
MI	Adult Mentally Ill
DD	Developmentally Disabled Adult or Child
SED	Child with Serious Emotional Disturbance
SEDW	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with serious emotional disturbance. This waiver is administered through Community Mental Health Services Programs (CMHSPs) in partnership with other community agencies and is available in a limited number of counties. Eligible consumers must meet current MDCH contract criteria for the state psychiatric hospital for children and demonstrate serious functional limitations that impair the child's ability to function in the community.
DD-CWP	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with developmental disabilities who have challenging behaviors and/or complex medical needs. This waiver is administered through Community Mental Health Services Programs (CMHSPs) and is available statewide. Eligible consumers must be eligible for, and at risk of, placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).
HSW	The Habilitation Supports Waiver is a 1915(c) waiver (Home and Community-Based Services Waiver) for people who have developmental disabilities and who meet the eligibility requirements: have active Medicaid, live in the community, and otherwise need the level of services provided by an intermediate care facility for mental retardation (ICF/MR) if not for the HSW. There are no age limitations for enrollment in the HSW. This waiver is administered through Prepaid Inpatient Health Plans (PIHPs) and affiliate Community Mental Health Services Programs (CMHSPs). The HSW is available statewide.

7221	Abuse class I
7224	Abuse class I - Sexual Abuse
72221	Abuse class II - nonaccidental act
72222	Abuse class II - unreasonable force
72223	Abuse class II - emotional harm
72224	Abuse class II - treating as incompetent
72225	Abuse class II - exploitation
7223	Abuse class III
72251	Neglect class I
72252	Neglect class I - failure to report
72261	Neglect class II
72262	Neglect class II - failure to report
72271	Neglect class III
72272	Neglect class III - failure to report
7304	Funds - Ability to spend or use as desired
7487	Access to records by DRM
7760	Access to rights system
7263	Access to telephone, mail
7840	Appeal process
7130	Choice of physician/mental health professional
7041	Civil rights: discrimination, accessibility, accommodation, etc
7780	Complaint investigation process
7262	Contact with attorneys or others regarding legal matters
7486	Correction of record
7305	Delivery of money upon release
1708	Dignity and respect
7481	Disclosure of confidential information
7303	Easy access to money in account
7170	Electro convulsive therapy (ect)
7520	Failure to report (other than Abuse/Neglect)
7111	Family dignity & respect
7264	Funds for postage, stationery, telephone usage
4630	Independent clinical examination
7029	Information on family planning

7003	Informed consent
4510	Involuntary admission process
7360	Labor & compensation
7086	Least restrictive setting
7080	Mental health services suited to condition
0000	No right involved
7140	Notice of clinical status/progress
7190	Notice of medication side effects
7060	Notice/explanation of rights
4980	Objection to hospitalization (minor)
7113	Opportunity to provide information
0001	Outside provider jurisdiction
7125	Person-Centered - assessment of needs
7124	Person-Centered- participation by individual(s) of choice
7123	Person-Centered - requests for review
7122	Person-Centered - timely development
7121	Person-Centered Process
7242	Photo - identification
7243	Photo - objection
7241	Photo - prior consent
7244	Photo - release to others/return
7245	Photo - storage/destruction
7100	Physical and mental exams
7047	Presumption of competency
7501	Privileged communication
7267	Property - access to entertainment materials, information, news
7285	Property - exclusions
7283	Property - inspection at reasonable times
7286	Property - limitations
7281	Property - possession and use
7289	Property - protection
7287	Property - receipts to recipient and to designated individual
7282	Property - storage space
7288	Property - waiver
7180	Psychotropic drugs
7112	Receipt of general education information
7044	Religious practice
7400	Restraint
7441	Restrictions/limitations
7545	Retaliation/harassment
7081	Safe environment
7301	Safeguarding money
7082	Sanitary/humane environment
7284	Search/seizure
7420	Seclusion
4090	Second opinion - denial of hospitalization
7050	Second opinion - denial of services
7150	Services of mental health professional
7160	Surgery
4190	Termination of voluntary hospitalization (adult)
7049	Treatment by spiritual means
7266	Uncensored mail
7261	Visits
7045	Voting
7485	Withholding of information (includes recipient access to records)
7265	Written and posted limitations, if established

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM – JUNE 22, 2022  
GAYLORD BOARDROOM**

<b>ATTENDEES:</b>	<b>Roger Frye, Ed Ginop, Gary Klacking, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Justin Reed, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner</b>
<b>VIRTUAL ATTENDEES:</b>	<b>Angie Griffis (Roscommon), Terry Larson (Rogers City)</b>
<b>ABSENT:</b>	<b>Don Smeltzer</b>
<b>NMRE/CMHSP STAFF:</b>	<b>Brian Babbitt, Joanie Blamer, Christine Gebhard, Mari Hesselink, Chip Johnston, Eric Kurtz, Diane Pelts, Sara Sircely, Nena Sork, Deanna Yockey, Carol Balousek</b>
<b>PUBLIC:</b>	<b>Chip Cieslinski, Sue Winter</b>

CALL TO ORDER

Let the record show that Chairman Don Tanner called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that Don Smeltzer was absent from the meeting on this date; all other NMRE Board Members were in attendance either in Gaylord or virtually.

PLEDGE OF ALLEGIANCE

Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no Conflicts of Interest to any of the meeting Agenda items were declared.

APPROVAL OF AGENDA

Let the record show that no changes to the meeting Agenda were requested.

**MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JUNE 22, 2022; SUPPORT BY MARY MAROIS. MOTION CARRIED.**

APPROVAL OF PAST MINUTES

Let the record show that the April minutes of the NMRE Governing Board were included in the materials for the meeting on this date. Two errors were noted which were corrected.

**MOTION BY JOE STONE TO APPROVE THE MINUTES OF THE MAY 25, 2022 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS AS AMENDED; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.**

## CORRESPONDENCE

- 1) The minutes from the June 2, 2022 PIHP CEO meeting.
- 2) Email correspondence from CMHAM dated June 15<sup>th</sup> regarding the passage of Senate Bill 714 and its ties to Senate Bills 597 and 598.
- 3) The Michigan Psychiatric Care Improvement Project June 2022 Update.
- 4) CMHAM CEO report dated June 2022.
- 5) CMHAM Overview presentation dated June 2022.
- 6) Michigan Integration Efforts: Service Delivery Transformation June 2022 Update.
- 7) The State of Michigan Office of the Attorney General's presentation on Opioid Settlements.
- 8) The draft minutes from the June 8<sup>th</sup> NMRE Regional Finance Committee meeting.

## ANNOUNCEMENTS

Let the record show that the Board welcomed new member, Angie Griffis, attending her first meeting virtually.

## PUBLIC COMMENTS

Let the record show that the members of the public attending the meeting virtually were recognized.

## REPORTS

### **Executive Committee Report**

Let the record show that no meetings of the NMRE Executive Committee have occurred since the May Board Meeting.

### **CEOs Report**

The NMRE CEO Monthly Report for June 2022 was included in the materials for the meeting on this date. Mr. Kurtz drew attention to his presentation to the Northern Lakes Board on Contract Compliance.

### **Financial Report April 2022**

- Net Position showed net surplus Medicaid and HMP of \$11,237,846. Medicaid carry forward was reported as \$16,358,117. The total Medicaid and HMP Current Year Surplus was reported as \$27,595,963. Medicaid and HMP combined ISF was reported as \$16,358,117; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$43,954,080.
- Traditional Medicaid showed \$116,688,180 in revenue, and \$104,588,806 in expenses, resulting in a net surplus of \$12,099,374. Medicaid ISF was reported as \$9,298,368 based on the unaudited FSR. Medicaid Savings was reported as \$11,296,867.
- Healthy Michigan Plan showed \$18,544,308 in revenue, and \$15,245,225 in expenses, resulting in a net surplus of \$3,299,083. HMP ISF was reported as \$7,059,749 based on the unaudited FSR. HMP savings was reported as \$5,061,250.
- Health Home showed \$856,272 in revenue, and \$654,027 in expenses, resulting in a net surplus of \$202,245.
- SUD showed all funding source revenue of \$14,223,951, and \$11,886,588 in expenses, resulting in a net surplus of \$2,337,363. Total PA2 funds were reported as \$5,241,696.

The direct care wage surplus was estimated at \$4,160,611.

**MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR APRIL 2022; SUPPORT BY ROGER FRYE. MOTION CARRIED.**

**Operations Committee Report**

The draft minutes from June 21, 2022 were distributed to the Board on this date. The Mid-Year Status report showed a potential \$14M - -\$17M lapse for FY22; the region will enter FY23 with a fully funded ISF and fully funded carry forward. For FY23, the NMRE will create a separate line item to distribute Medicaid savings to the CMHSPs as benefit stabilization funds. Mr. Kurtz will be drafting correspondence to the State to request other financing models, which could include changing the risk corridor and/or allowing some Medicaid savings to be retained as local funds in order to serve expanded populations.

**NMRE SUD Oversight Board Report**

The next meeting of the NMRE Substance Use Disorder (SUD) Oversight Board is scheduled for 10:00AM on July 11, 2022.

NEW BUSINESS

Let the record show that there was no “New Business” on the Agenda for the meeting on this date.

OLD BUSINESS

**Senate Bills 597 & 598/House Bills 4925 – 4929 – The Latest**

A call with Alan Bolter took place on June 17<sup>th</sup> with 300 participants. Funding for certain projects has been tiebarred to the passage of 597 & 598. It is rumored that Sen. Shirkey and Rep. Whiteford have discussed developing a single proposal. Mr. Stone asked whether there has been any indication of what the Governor may do if either option passes both houses; Mr. Kurtz responded that there has not, but MDHHS doesn't seem on the surface to be supportive of either model. Mr. Reed noted that the average Michigander doesn't understand the complexities involved with, and consequences of, overhauling the current system; he suggested that an educational public service announcement be developed. Mr. Tanner emphasized the need to keep pushing for a rural exemption.

**Grand Traverse County and Northern Lakes CMHA**

A meeting is scheduled for June 27<sup>th</sup> with all six County Administrators and County Commission Chairs in the Northern Lakes service area; Mr. Kurtz will be in attendance. Good discussions are occurring. Grand Traverse County Administrator, Nate Alger, has expressed that he sees two lanes: 1) dissolve Northern Lakes, and 2) open/modify the Enabling Agreement; he is assessing both options. Mr. Reed stressed the importance of looking to the future to assess how individuals will be best served. Mr. Reed recommended an article on UpNorthLive by Emily Reed dated June 21<sup>st</sup> regarding the need for mental health services in area jails.

PRESENTATION

**Member Satisfaction Survey Report**

NMRE Customer Services Specialist, Mari Hesselink, presented the results of the FY22 Mental Health Services Member Satisfaction Survey. Clients receiving Outpatient, Case Management, Medical, Assertive Community Treatment (ACT), Peer Support, and Psychosocial Rehabilitation (Clubhouse) services were surveyed in April 2022; the NMRE collected a total of 620 responses.

- 99.02% of respondents answered either “Strongly Agree” or “Agree” to the statement, “Staff treats me with dignity and respect.”

- 97.20% of respondents answered either “Strongly Agree” or “Agree” to the statement, “Appointment times are convenient for me.”
- 97.18% of respondents answered either “Strongly Agree” or “Agree” to the statement, “I feel comfortable asking questions about my services.”
- 98.34% of respondents answered either “Strongly Agree” or “Agree” to the statement, “Staff explained information about my services in a way I can understand.”

Areas of improvement were identified as:

- 11% of respondents reported not knowing who to call if they needed help when the CMH was not open.
- 20% of respondents reported not knowing how to file an appeal.
- 11% of respondents reported not being spoken to about smoking, alcohol, or drug use.
- 13% of respondents reported not being spoken to about the side effects of their medication.
- 13% of respondents reported being unaware that they signed a Release of Information for coordination of care purposes.

Mr. Marcus suggested conducting a survey about the issues raised in the Senate and House Bills (timely access to services, etc.) Ms. Blamer suggested asking individuals what the outcome was if services were requested but (medical necessity) criteria was not met.

## COMMENTS

### **Board**

Mr. Reed explained that he may be unable to continue to serve on the CMHAM Member Services Committee as meeting times conflict with those of the Northern Lakes Board. Ms. Blamer offered to arrange for Mr. Reed to the CMHAM meetings virtually prior to Northern Lakes Board meetings.

Mr. Marcus recognized that today’s meeting is Christine Gebhard’s last as she is retiring effective July 1<sup>st</sup>. Brian Babbit has been named the new CEO of North Country CMHA.

Mr. Tanner referenced a public radio story about the Rafferty Family from Benzonia who’s son RJ was lost to SUD at the age of 32.

Mr. Reed reminded the group that parking for the Cherry Festival (July 2<sup>nd</sup> – July 9<sup>th</sup>) will be available at Northern Lakes CMHA parking lot; proceeds will benefit the Traverse House.

Mr. Reed shared that he will be participating in the CMHAM Clubhouse Conference July 17<sup>th</sup> – 20<sup>th</sup> in Kalamazoo as part of a workshop on Transitional Employment.

### **Staff/CMHSP CEOs**

Ms. Gebhard suggested conducting a regional survey around access to services. She suggested using benefit stabilization funds to put access telephone numbers on billboards.

Ms. Gebhard thanked everyone for the collegial working relationship over the past few years. She said it has been a privilege to work in the human services field and called it “very gratifying.”

Mr. Johnston referred to the email from CMHAM dated June 13<sup>th</sup> to the leaders of the CMHSPs participating in the State’s Certified Community Behavioral Health Clinic (CCBHC) pilot that was referenced in the June 21<sup>st</sup> Operations Committee minutes. He voiced strong objection to the

CCBHC becoming a State Plan Amendment. Mr. Johnston called the CCBHC “unnecessary and onerous.”

**MOTION BY GARY NOWAK TO CHARGE THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER WITH COMPOSING A LETTER ON BEHALF OF THE REGION OPPOSING THE CERTIFIED COMMUNITY HEALTH CLINIC (CCBHC) DEMONSTRATION PROJECT BECOMING A PERMANENT STATE PLAN SERVICE; SUPPORT BY MARY MAROIS. ROLL CALL VOTE.**

**“Yea” Votes:** R. Frye, E. Ginop, G. Klacking, M. Marois, G. Nowak, J. O’Farrell, J. Reed, R. Schmidt, K. Sherman, J. Stone, D. Tanner

**“Nay” Votes:** Nil

**MOTION CARRIED.**

Mr. Johnston thanked Ms. Gebhard for her advocacy efforts around Section 298 and HB 5165.

Ms. Pelts also thanked Ms. Gebhard for her years of work on behalf of individuals served.

It was noted that the IRS mileage reimbursement rate is increasing to \$0.625 per mile effective July 1<sup>st</sup>.

**MEETING DATES**

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on July 27, 2022.

**ADJOURN**

Let the record show that Mr. Tanner adjourned the meeting at 11:09AM.



**CEO Response to June 16, 2022 Board Monitoring Report Evaluation  
July 21, 2022**

**Policy 2.7 – Continuity of Executive Functions – Internal Inspection**

Eleven (11) Board Members completed and submitted the monitoring report. There were thirteen (13) Board Members attending in person and three (3) Board Members attended virtually:

Question 1 - Was this report submitted when due? – 11 Yes

Question 2 - Did the report lay out the CEO's interpretation of the request? – 10 Yes and 1 did not respond

Question 3 - Was I convinced that the interpretation is justified and reasonable? - 9 Yes, 1 No and 1 did not respond

Question 4 - Did the interpretation address all aspects of the subject? – 10 Yes and 1 did not respond

Question 5 - Does the information show compliance with Board direction/policy? – 9 Yes, 1 No and 1 did not respond (not sure)

Comments:

Question 6 – Need Board Chair to verify that candidates have been named.

**CEO Response 2022:**

I appreciate the Board's assessment that we are in 91% compliance with this policy. The CEO notified Board Chair, Dan DeKorse via email, June 6, 2022, of the person to serve as CEO and an alternate in the event that person is unable or unwilling to serve.

Respectfully Submitted,

Joanie Blamer

**ASSURANCE OF ORGANIZATIONAL PERFORMANCE  
POLICY 2.4 FINANCIAL MANAGEMENT / INTERNAL CONTROLS  
INTERNAL INSPECTION - CEO  
JULY 21, 2022**

**2.4 Financial Management**

**Type of Report: Internal Inspection**

The CEO shall not by omission or commission render the Authority insolvent or permit the expenditure of funds except in accordance with and in furtherance of the Board Governance Policies. Authority finances shall be managed in accordance with applicable laws, regulations, contract obligations and sound financial practices. Budgets prepared under the direction of the CEO shall be predicated upon an annual assessment of need and shall be consistent with a multi-year strategic plan approved by the Board. In managing the financial affairs of the Board, the CEO shall honor priorities formally adopted by the Board:

- 2.4.1 Clinical and administrative services;
- 2.4.2 Internal service fund; and
- 2.4.3 Existing unfunded liabilities.

With respect to the preparation of budgets the CEO shall not:

- 2.4.4 Fail to include a projection of revenues and expenses based on the most current and accurate data available;
- 2.4.5 Fail to identify and distinguish capital and operating expenditures;
- 2.4.6 Fail to project or account for cash flow; or
- 2.4.7 Fail to disclose assumptions upon which the budget is predicated.

With respect to the operations of the Authority, the CEO shall not:

- 2.4.8 Receive, process or disburse funds except in accordance with standards and controls satisfactory to the Authority's outside auditor and comply with generally accepted governmental accounting principles;
- 2.4.9 Take any action or fail to advise the Board of any event or projected event that the CEO, in the exercise of sound business judgment, believes will result in liabilities exceeding assets or the need to use internal service fund resources;
- 2.4.10 Provide less for Board prerogatives during the year than is set forth in the Costs of Governance Policy;
- 2.4.11 Conduct inter-fund shifting;
- 2.4.12 Absent good cause communicated to the Board, fail to settle payroll and other financial obligations of the Board when due;
- 2.4.13 Fail to timely and accurately file documents or make disclosures required by federal or state laws or regulations or contract obligations;
- 2.4.14 Allow records to be retained in violation of the Record Retention & Disposal Policy according to state and federal laws;
- 2.4.15 Fail to instruct the Board selected auditor to provide the copy of the audit to the Board at the same time as made available to the CEO;
- 2.4.16 Commit the Authority to any unbudgeted financial obligation or series of obligations with a value in excess of \$15,000 for any purpose other than the provision of direct consumer services;
- 2.4.17 Enter into contracts or other binding obligation that is inconsistent with governance policies;

- 2.4.18 Enter into contracts without sufficient assurance that the contractor is qualified and eligible to furnish the goods and services covered by the contract.
- 2.4.19 Acquire, encumber or dispose of real property [Does not apply to leaseholds to be used as housing for individual consumers];
- 2.4.20 Fail to exercise reasonable diligence in the collection of delinquent financial or contractual obligations to the Authority; or
- 2.4.21 Fail to place cash in interest-bearing accounts in accordance with P.A. 196 of 1997 as amended.
- 2.4.22 Fail to report dollar amounts on the Administrative Consent Agenda when identifying expense contracts exceeding \$15,000.
- 2.4.23 Fail to continually seek out and/or be open to securing opportunities/avenues for revenue enhancements that fits our mission.

**CEO Interpretation July 2022**

As the Interim CEO I have not by omission or commission rendered the Authority insolvent and all expenditures of funds have been in accordance with Board Governance Policies. Our finances are managed in accordance with applicable laws, regulations, contract obligations and sound financial practices. Budgets have been prepared based on an annual assessment of need. The Board does not have an approved strategic plan separate from NLCMHA's Strategic Plan submitted in December of 2021. The budgets have been prepared consistent with that plan.

The table below is a percentage of funding sources by year using the initial budget approved by the NLCMHA Board of Directors. In August of 2022 a final budget of the fiscal year will be recommended. The percentage of the budget in State Sources has increased from the prior year because of the General Funds carryforward and the grants that have been received. Medicaid has increased by almost 2% because of the suspension of Medicaid deductibles and redeterminations. Although Northern Health Care Management decreased by 2% as a source of funds the dollars budgeted for that program have increased \$1M the past year. Local sources and reimbursements have remained consistent in dollars and as a combined percentage.

First Budget Annual Percentage by Source  
July 2022 2.4 Board Monitoring Report

Source	FY18	FY19	FY20	FY21	FY22
State Sources	4.89%	4.99%	5.17%	5.00%	5.18%
Local Sources	2.18%	2.05%	1.98%	1.85%	2.37%
Medicaid	73.11%	74.04%	75.80%	75.99%	77.96%
Reimbursements	2.62%	2.23%	1.90%	1.78%	1.23%
Reinvestment Dollars	0.00%	0.00%	0.00%	0.00%	0.00%
Northern Health Care Mgmt	17.20%	16.68%	15.15%	15.38%	13.26%
	100.00%	100.00%	100.00%	100.00%	100.00%

**In managing the financial affairs of the Board, the CEO shall honor priorities formally adopted by the Board:**

- **2.4.1 Clinical and administrative services;**

**July 2022 Update:**

NLCMHA has applied for and received numerous grants to expand services in areas requested by the six Counties served by NLCMHA and 21 Counties served by Northern Health Care Management. Grand Traverse County has requested diversion from jail and emergency room opportunities. NLCMHA has opened a Crisis Welcoming Center, hired multi systemic therapists, jail diversion workers, has a mobile crisis unit, and supported providers. It is expected the last Congressional Dollars approved by the State of Michigan will provide crisis residential services.

- **2.4.2 Internal service fund; and**

**July 2022 Update:**

NLCMHA holds no internal service funds for Medicaid. The final transfer of dollars occurred in February of 2015.

NLCMHA operates an internal service fund for employee self-funded health insurance through Blue Cross Blue Shield of Michigan. The internal service fund closed FY 2021 at a value of \$699,990, down 37% from the prior year. FY 2022 exposure to date has resulted in a deficit of the fund. Health care costs experienced by employees has greatly exceeded the nominal increases in amounts that can be charged by governmental agencies under Public Act 152 which caps the dollars allowed to provide health benefits to the employed workforce. In calendar 2023 State of Michigan is increasing the cost limitation for medical benefits by 1.3%. NLCMHA will have to decrease covered benefits or greatly increase the copays charged to staff for medical coverage the next plan year.

- **2.4.3 Existing unfunded liabilities.**

NLCMHA's unfunded liability is within the defined benefit plan inherited from Grand Traverse County by the former Great Lakes CMH. The pension plan as of the last report date is summarized in the following chart.

Summary of MERS Defined Benefit Pension by Year:	2020	2021
Valuation Assets	\$20,832,999	\$23,288,419
PV of Accrued Benefits	\$26,132,222	\$25,407,929
Actuarial Surplus (Deficit)	(\$5,299,223)	(\$2,119,510)
Market Value of Assets Invested with MERS	\$21,425,257	\$23,322,867
Market Value (Shortfall) or Surplus	\$592,258	\$34,448
Combined (Liability)/Surplus from Market & Actuarial	(\$4,706,965)	(\$2,085,062)

Percentage (Liability) Surplus to Accrued Benefit	(18.0%)	(8.2%)
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**July 2022 Update:**

The MERS actuarial report received in June of 2022 had a decrease in the present value of accrued benefits of \$724,293. However, the true market value of assets compared to the actuarially expected market value reported an increase of \$1,897,610. The actuarial valuation uses a December 31<sup>st</sup> measurement date of assets. The percentage funded of the plan improved from 80% to 92% and does not include measurement of the market value. Considering both the actuarial deficit and the market value of assets the percentage liability to accrued benefits shows positive movement from (18.0%) to (8.2%).

**With respect to the preparation of budgets the CEO shall not:**

- **2.4.4 Fail to include a projection of revenues and expenses based on the most current and accurate data available;**
- **2.4.5 Fail to identify and distinguish capital and operating expenditures;**
- **2.4.6 Fail to project or account for cash flow; or**
- **2.4.7 Fail to disclose assumptions upon which the budget is predicated.**

**July 2022 Update:**

The beginning budget for fiscal year 2022 was based on the most up to date data available from NMRE, MDHHS, and the actuarial firm Milliman. The freeze on redeterminations and spend downs has provided an increase in the Medicaid enrollment and capitation advances. The number of Medicaid covered individuals within the six counties served by NLCMHA as of May 31<sup>st</sup> is 36,210 individuals with traditional Medicaid and 17,957 individuals with Healthy Michigan Plan. All grants applied for and most likely to be approved are considered in recommended budgets.

**With respect to the operations of the Authority, the CEO shall not:**

- **2.4.8 Receive, process or disburse funds except in accordance with standards and controls satisfactory to the Authority's outside auditor and that accord with generally accepted governmental accounting principles;**

**July 2022 Update:**

The NLCMHA Board of Directors has retained Roslund Prestage & Co as the outside auditing firm for the last three years. Roslund Prestage has had positive auditing reports in all three years with no recommendations needing plans of correction from the 2021 fiscal year.

- **2.4.9 Take any action or fail to advise the Board of any event or projected event that the CEO, in the exercise of sound business judgment, believes will result in liabilities exceeding assets or the need to use internal service fund resources;**

**July 2022 Update:**

NLCMHA and Finance staff believe the revenues for which the budget has been predicated will occur.

- **2.4.10 Provide less for Board prerogatives during the year than is set forth in the Costs of Governance Policy;**

**July 2022 Update:**

The budget has not changed for FY 2022 Board Governance and prerogatives.

- **2.4.11 Conduct inter-fund**
- **2.4.12 Absent good cause communicated to the Board, fail to settle payroll and other financial obligations of the Board when due;**
- **2.4.13 Fail to timely and accurately file documents or make disclosures required by federal or state laws or regulations or contract obligations;**
- **2.4.14 Allow records to be retained in violation of the Record Retention & Disposal Policy.**

**July 2022 Update:**

It is believed that none of the above has occurred.

- **2.4.15 Fail to instruct the Board selected auditor to provide the copy of the audit to the Board at the same time as made available to the CEO;**

**July 2022 Update:**

Roslund Prestage, the auditors engaged for fiscal years 2021-2023, will present the financial audit directly to the Board of Directors. Roslund Prestage will send the financial, single and compliance audits directly to the required governing bodies of the Department of Treasury and MDHHS respectively. Once received by the Board of Directors the Executive Secretary will send the financial audits to each of the six counties served by NLCMHA.

**2.4.16 Commit the Authority to any unbudgeted financial obligation or series of obligations with a value in excess of \$15,000 for any purpose other than the provision of direct consumer services;**

**July 2022 Update:**

It is believed this has not occurred without authorization from the Board.

- **2.4.17 Enter into contracts or other binding obligation that is inconsistent with governance policies;**
- **2.4.18 Enter into contracts without sufficient assurance that the contractor is qualified and eligible to furnish the goods and services covered by the contract.**

**July 2022 Update:**

It is believed this has not occurred.

- **2.4.19 Acquire, encumber or dispose of real property [Does not apply to leaseholds to be used as housing for individual consumers];**
- **2.4.20 Fail to exercise reasonable diligence in the collection of delinquent financial or contractual obligations to the Authority; or**
- **2.4.21 Fail to place cash in interest-bearing accounts in accordance with P.A. 196 of 1997 as amended.**
- **2.4.22 fail to report dollar amounts on the Administrative Consent Agenda when identifying expense contracts exceeding \$15,000.**
- **2.4.23 Fail to continually seek out and/or be open to securing opportunities/avenues for revenue enhancements that fits our mission.**

**July 2022 Update:**

It is believed this has not occurred.

Respectfully Submitted,

Joanie Blamer, Interim CEO (Assisted by Lauri Fischer, CFO)

**Board Policy being monitored:**  
**2.4 Financial Management – Internal Inspection**  
**July 21, 2022**

1. Was this report submitted when due?  
Yes                      No (requires comment)

Comment:

2. Did the report lay out the CEO's interpretation of the request?  
Yes                      No (requires comment)

Comment:

3. Was I convinced that the interpretation is justified and reasonable?  
Yes                      No (requires comment)

Comment:

4. Did the interpretation address all aspects of the subject?  
Yes                      No (requires comment)

Comment:

5. Does the information show compliance with board direction/policy?  
Yes                      No (requires comment)

Comment:

6. Other Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CEO Response to June 16, 2022 Board Means Monitoring Report Evaluation  
July 21, 2022**

**Policy 4.3 Delegation of Management Powers to the CEO - Direct Inspection**

Eleven (11) Board Members completed and submitted the monitoring report. There were thirteen (13) Board Members attending in person and three (3) Board Members attended virtually:

**Question One** - Do you believe we are in strict compliance with the policy as stated for each provision? – 11 Yes

**Question Two** – If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are not in compliance? – No comment

**Question Three** – How do you think we could improve our process to be in full compliance? – 1) I think we need to change the level of board involvement. 2) It seems there is no agreement on this. My first impressions are that the board is divided on this – I would like to learn more before I can give more feedback.

**Question Four** – What do we need to learn or discuss in order to live by this policy more completely? – First refine the policy.

**Question Five** - Does this policy remain in compliance with the Policy Governance model in terms of content and format? – 10 Yes and 1 did not respond (?)

**CEO Response:**

I appreciate the Board's assessment that we are in 100% compliance with this policy. I also appreciate the need to refine the policy for greater clarification.

Respectfully Submitted,

Joanie Blamer

**BOARD MEANS SELF-ASSESSMENT**  
**Board Policy Monitoring – Direct Inspection**  
**July 21, 2022**

**4.1 Unity of Control**

Only formally adopted motions and resolutions of the Board are binding on the CEO. Accordingly:

- 4.1.1 The CEO is subject to direction by the Board as a whole. Board officers, members and committees have no authority to direct the CEO in the absence of a formal and specific delegation of such authority by the full Board.
- 4.1.2 Board members and Committees may request information from or the assistance of the CEO concerning factual matters without Board authorization. However, the CEO may refuse such a request if, in the opinion of the CEO, fulfilling the request would require excessive staff time or would otherwise disrupt management of the affairs of the Authority.

**BOARD MEANS SELF-ASSESSMENT**  
**Board Means Policy Being Monitored:**

**4.1 Unity of Control**

**July 21, 2022**

*Review all sections of the policy listed and evaluate our compliance with policy.*

1. Do you believe we are in strict compliance with the policy as stated for each provision?

Yes

No (requires comment)

2. If you indicated that the Board is not in full compliance with the policy as stated, please indicate what areas and what you notice that gives evidence that we are *not* in compliance?

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3. How do you think we could improve our process to be in full compliance?

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4. What do we need to learn or discuss in order to live by this policy more completely?

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5. Does this policy remain in compliance with the Policy Governance model in terms of content and format?      Yes      No (requires comment)



Administrative Office, 105 Hall Street, Suite A, Traverse City, MI 49684

## Nominating and Leadership Development Committee Meeting Minutes

July 6, 2022

10:00 AM

### 1. ATTENDANCE:

Pam Babcock called the meeting to order at 10:00 a.m. at 527 Cobb Street, Cadillac and virtual.

Board Members Present: Rose Denny, Barb Selesky, Pam Babcock, Mary Marois  
Virtual – Greg McMorrow

Board Members Absent: Angie Griffis

Others Present: Joanie Blamer, Interim CEO, Stacy Maiville, Executive Secretary and Deb Lavender, Executive Secretary.

### 2. APPROVAL OF AGENDA:

<b>MOTION:</b>	Approve the Agenda of July 6, 2022
<b>RESULT:</b>	ADOPTED [UNANIMOUS]
<b>MOVER:</b>	Rose Denny
<b>SECONDER:</b>	Barb Selesky

### 3. APPROVAL OF MINUTES:

<b>MOTION:</b>	Approve the May 4, 2022 NLD minutes
<b>RESULT:</b>	ADOPTED [UNANIMOUS]
<b>MOVER:</b>	Barb Selesky
<b>SECONDER:</b>	Rose Denny

### 4. BOARD EDUCATION:

It was identified that this month the Committee of the Whole is tied to the training and will not have a separate education session. Will receive direction from the Board Chair or the Board and will not hold a Board Education session until further notice.

### 5. BOARD RETREAT:

NLD members discussed the importance of having a Board Retreat. Items discussed or possible agenda items:

- Getting to know Board members – brief exercise
- Review Opportunities identified in the SWOT
- Focus on three issues that need to be resolved – governance
- Review strategic plan from E Team, annual plan for next fiscal year in terms of what the organization wants to accomplish, dive into a budget and make budget decisions, develop a board strategic plan

- Bring in a facilitator to guide us so that all Board members can participate
- Board members have different perceptions of how involved a Board member should be and should have discussion – one hour. Should occur at next COW.
- Select a governance model and define the Board members role at next COW meeting
- Board members roles are defined by mental health code and the administrative rules
- Board needs to build cohesion of having a strategic point of view
- Board members share their perceptions
- Board members should have discussion on whether to operate under the Carver model
- Board members should discuss and debate - not give up management responsibilities to the CEO that are under the law for such things as the budget – investing, how much is restricted, how much is spent, how much is General Funds, how much is local dollars
- Provide a Carver governance review by assessing our current situation and dissatisfaction and how do we make it work
- Adjust the Committee of the Whole Agenda to allow for discussion to occur
- Identify the role of the Board and involvement
- Will identify as a broad topic of discussion of Board Governance (board involvement, role of the board)

Joanie will speak to Dan about changing the Committee of the Whole Agenda for July to Board Governance Discussion and Opportunities from the SWOT and the August COW meeting discuss Selecting a Model and Board By-Laws.

Will present to the Board for a full day retreat in September and items for possible discussion: strategic plan from E Team, annual plan for next fiscal year in terms of what the organization wants to accomplish, dive into a budget and make budget decisions, develop a board strategic plan. Will send out a doodle poll for a possible retreat for September 8 – 23. Close the doodle poll on July 19 or 20.

**6. ORR DIRECTORS REPORT:**

Will request that the ORR Director's Report and the COVID Remote discussion be moved to the Board Agenda.

**7. BOARD GOVERNANCE:**

Discussed.

**8. SEPTEMBER 7 MEETING TOPICS:**

September 7 meeting topics – finalizing retreat details, board education details moving forward.

**9. PUBLIC COMMENT:**

None.

**10. MEETING EVALUATION/COMMENTS:**

Comments – It was a good meeting and a lot of good discussion.

Meeting adjourned at 11:28 a.m.

Respectfully Submitted,

Deb Lavender, Executive Secretary

dsl (7/7/22)